a. STATE

ADKINS

B. DATE OF BIRTH

STREET ADDRESS

e. IS RESIDENCE

ON FARM?

th 1060

Wicomico

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOLLOWAY & COMPANY

9. AGE (In years lost bythdoy) yrs. Months Doys Oct.23,1902 12. CITIZEN OF WHAT COUNTRY? SA Salisbury, Maryland 14. MOTHER'S MAIDEN NAME Mary Jane Mills Mrs. Margie Adkins(Wife)H.D.# 4
Salisbury, Maryland PERFORMED? YES NO DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) N/A 11-29, 1960, that (1) (we) last _1960, and that death accurred at ____M, from the causes and on the date stated above. PHYS. DIRECTOR PHYS. 22d. ADDRESS Main St. Salisbury, Maryland 23d. LOCATION (City, town, or county) (State) Salisbury, Maryland Cemetery 25b. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR SALISBURY MARYLAND arthur S. Kraus DATEDEC 1

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Month

NOVEMBER

Maryland

Salisbury

4. DATE

DEATH

R.D.#

Eampletely filled pup carban physician remaye attending please by permit. the burial-transit ar attending physician. DIRECTOR: 3 shmuld TO FUNERAL

the death certificate be executed

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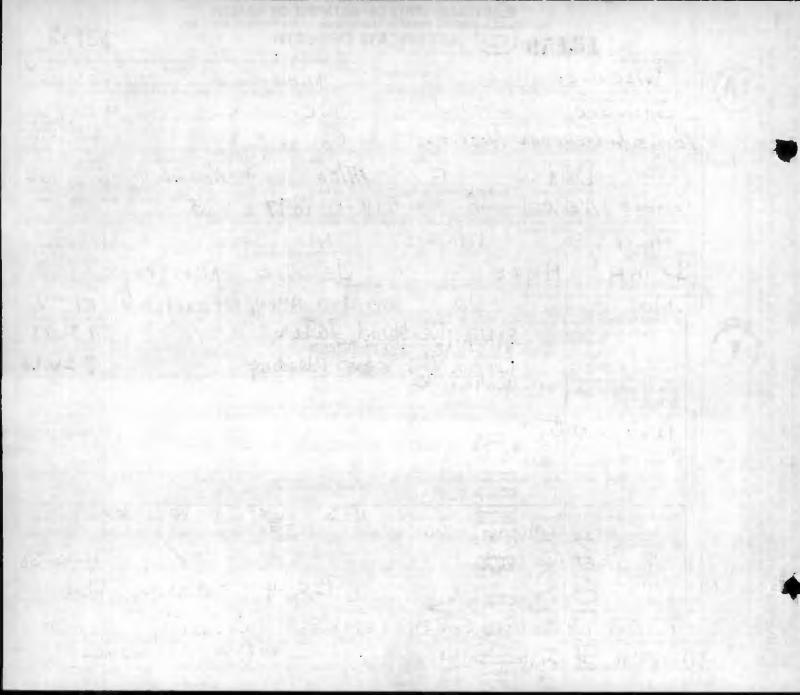
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DIAGE OF DEATH O. COUNTY / LOTTT / CO MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. P. T. T. D. D. COUNTY D. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	(IN 1b
SALISBURY 1019	S NEWARK 23 d
d NAME OF HOSPITAL (If pel in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
(ENINSULA CTENERAL HISPITAL	KOUTE TO YES D'NO [
. NAME OF First Middle	
(Type or print)	ALLEN DEATH NOVEMBER 16 1960
6. COLOR OR RACE 7. MARRIED MEVER MARR	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
FEMALE NEERO WIDOWED DIVORCE	
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife Home	MARGIAND U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISMA AURE	JENNIE ADASSELL
S, WAS DECEASED EVER IN U. S. ARMED FOILCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [If yes, give war or dates of service]	D. 17. INFORMANT Address
No No	MAR. JACK Allew, NEWARK, KIND- Rt #1
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b); and (c)	ble of Tellan Interval Between
PART I. DEATH WAS CAUSED BY:	Helin Julies
WILL DUE TO Please Willia	HELLY DISEBLO
Conditions, if ony, which) the Upinen.	Bleedens 73 WKs
gove rise to immediate	
couse (o), stating the under-	
	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Ruen hestis	PERFORMED? YES \(\square\) NO \(\square\)
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o.m., While No! while of work of work	factory, street, office bldg., etc.)
p, m.	15cm 11-6 10 60 to 11-10 10 6 0 that (1) (was last
21. I certify that (I) (this haspital) attended the deceased	(1) (we) loss
	that death accurred a ZM, from the causes and an the date stated above.
220. SIGNATURE TE DELLO DA	ATTENDING MED. STAFF 226, DATE
Therees Oder	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d Appresso IL California
	10 9 m. 2011/5014 / UD
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	AETERY OR CREMATORY 23d LOCATION (City, Iown, or county) (Stote)
BLEIGH 11-19-60 EVERS	REEN LEM. DERIN, MA
4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Theo Walk lillo Michia	DATE NUV 28 60 Calling & Kraus

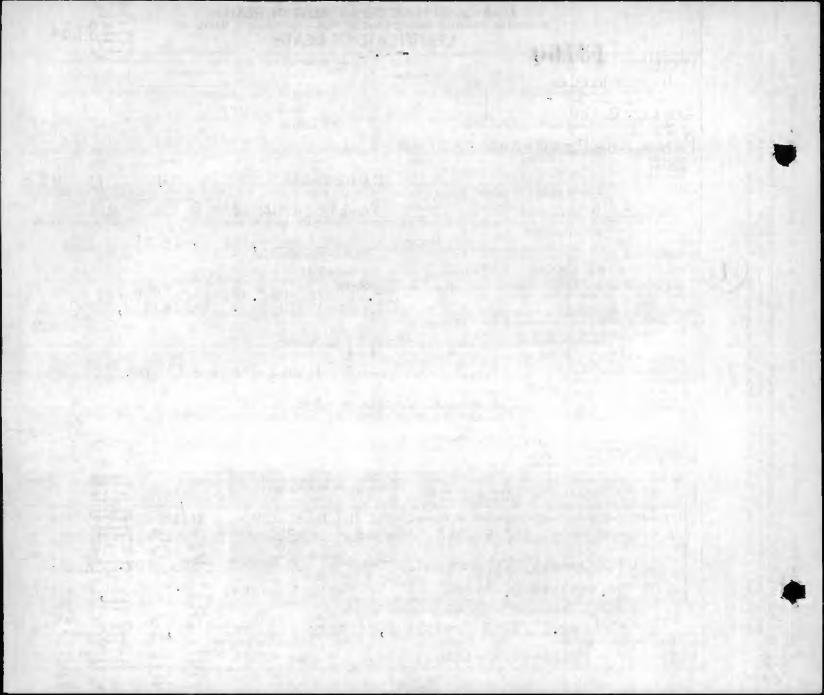


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	CERTIFICA	TE OF DEATH	19194
	1. PLACE OF DEATH 101.000 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resion STATE Maryland b. COUNTY W	idence before admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL of Salisbury	nd give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION PENINSULA GENERAL HOSPITAL	d. STREET ADDRESS 115 Benjamin Ave	e. IS RESIDENCE ON A FARM? YES NO N
	3. NAME OF DECEASED (Type or print) DAWN First MARIE	LOST 4. DATE Month OF DEATH	Day Year 16 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	NOVEMBER 141960 lost birthday) Maget	2
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None None	Salisbury, Md (Hospital)	US A
1	13. FATHER'S NAME Charles George Anderson	14. MOTHER'S MAIDEN NAME SVIV1a Mac Carev	
/		Sylvia Mac Carey NFORMANT Charles Geo. Anderson (Fat Benjamin Ave. Salisbur	her) v.Marvland
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE (IF EITHER, NOTIFY MEDICAL EXAMINER)		PART I(O) 19. WAS AUTOPSY PERFORMED?
	19/42	ED. (Enter noture of injury in Port I ar Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the point of the point	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
	21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an	M.D. PHYS. ATTENDING NO. DIRECTOR PHYS. NO. 22d. ADDRESS	22b. DATE SIGNED
	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) Nov.17/1960 Pruitland	7 417 7	ryland
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S	
		RYLAND DATE NOV 2 1 80	1 20, 100000
	2082232XV		

TO HOSPY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in softer death. Page 4 may be included by the hospital ar attending physicion.

TO FUNRAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funefall diffector, page 3 should be detoched for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in ony event, within 72 hours after death.



	12101		CERTI	FICAT	TE OF DEATH	1			191	(((
1. PLACE OF DEATH	comice	100 1000	MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Marvl		lived. If institution b. COUNTY		comica	1
	f autside corporate limi arest town)	ls, write	LENGTH OF STA		c CITY OR TOWN (IF		ste limits, write R			
	AL (If not in hospitol, of Gentenary	-			d. STREET ADDRESS	tenarr	Dr.		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir JAM	st	Middl		BAILEY	4. DATE OF DEATH	Novemb	er	Day	Year 19 60
5. SEX Male	6. COLOR OR RACE	WIDOWED	7	ED 🗆	September 4	1871	O. AGE (In years lost birthday)		ys Haurs	Min,
during most of work Sea food 13. FATHER'S NAME	king life, even if retired	Ret		ok INDUS	Maryl 14. MOTHER'S MAIDEN	and	antry)	U.	S.A.	LOUNIKT?
15. WAS DECEASED EVE	Oliver B	CES? 16. SC		O. 17. IN	Eliza	Marsch	Add	ress		
	mmediate (, u	· · · · · · · · · · · · · · · · · · ·	P.	yelmefol	lints			MONTERVAL BONSET AND	
200. ACCIDENT WA					NOT RELATED TO THE TERM			EN IN PART 1	PERF	AUTOPSY ORMED?
_	MEDICAL EXAMINER) Y Manth, Doy, Ye	While	URY OCCURRED Not while of work	20e. PLA faci	CE OF INJURY (Home, far lary, street, affice bldg., el	m, 20f. (City (ar tawn)	(Cou	nty)	(State)
	. 9) ottende	d the deceased	d that do	A.D. PHYS. 22d. ADDRESS	M, from t		d on the d	ate states	d obove. 2b. DATE SIGNED
23a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	NOV. 20				ch Cemetery	MT.	Vernon,	Maryl		ite)
Hill & Joh	nson Co.	Salisb	ury Mar	rland		OV 2.2 160		STRAR'S SIGN		

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any everytething 72 hours offer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 med by the haspital at ottending physician. may be TO HOSP

in by the funeral director, and 2 shauld be filed with

after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		13169	CEKTIF	TCATE	OF DEATH				
	PLACE OF DEATH	panico	MARY		USUAL RESIDENCE (Whe		institution: Residence	before admission	or /
SP	RURAL and give nea	outside carparate limits, writerest town)		IN 16	d. STREET ADDRESS Box 66	tside carporate limits,	write RURAL and given by Kingst	e. IS RESIT	DENCE
	NAME OF DECEASED (Type or print)	First	Middle	Bal	LLARD	4. DATE OF DEATH TOU	Month	Seed.	ear 9 6 C
	Male	Negto wind	ARRIED NEVER MARRI	o A	ATE OF BIRTH	60 9. AGE (In last bir)	hday) Months D	Pays Hours	Min.
	during most of working	N (Give kind of wark dane 1 ag life, even if retired)	UD. KIND OF BUSINESS C	-	Kingst	r fareign country)	12.0112	1,5,1	7,
	Charle	5 13211	ard		Shirle	x 1303	ton		
1S.	WAS DECEASED EVER	IN U. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL SECURITY NO	5hiv	-ley Ball	ard-Ma	RY1075	ta,1	11-
	PART I. DEATI	H (Enter only one cause per H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	r line far (a), (b), and (c)	lic	acidos			INTERVAL BET ONSET AND I	
	gave rise to im cause (a), stating th lying cause last.	mediate (DUE TO	Entero	col	itis			Their	
CATION	PART 11. OTHE	R SIGNIFICANT CONDITION	ALLEN	EATH BUT NOT	RELATED TO THE TERMIN	HAL DISEASE CONDITION	ON GIVEN IN PART	1(a) 19. WAS A PERFOR YES	NO Z
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	CAUSE OF DEATH	DESCRIBE HOW INJURY O	OCCURRED. (E	nter nature of injury in P	art I ar Part II of item	18.)		
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	WI WI	d. INJURY OCCURRED hile Not while wark at wark		OF INJURY (Hame, farm, street, affice bldg., etc.		(Co	iunty)	(State)
	21. I certify that sow the decease 220. SIGNATURE	(1) (this hospital) attended alive on	7	that deat	ATTENDING ME	M, from the cous			
	22c. PHYSICIAN'S NAME (Type)		0000	M.D.	PHYS. DIE	ECTOR PHYS.	1 4	, (

TO HOSP VR A15 (4) 15M 9/59

Nors

23a.

BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

60

23b.

DIRECTOR'S SIGNATURE

1011

23c. NAME OF CEMETERY OR CREMATORY

25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

23d LOCATION (City, tawn, ar county)

(State)

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TO FUNERAL DIRECTOR:

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Hill & Johnson Co. Salisbury, Maryland

Norman T. Baker

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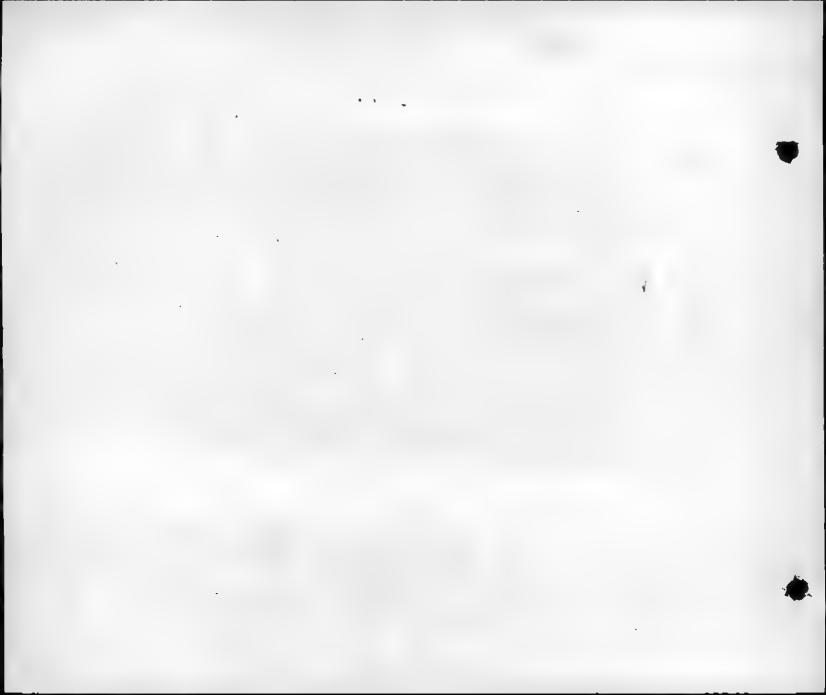
	TOTUL	CERTIFIC	CAIL OF DEATH			
1 PLACE OF DEATH d. COUNTY	P		G STATE	here deceased lived. If instit		are admission)
	mico	MARYLA	ND II Aaaa	N D	learcom	1150
	(If autside corporale imits, wri-	c. LENGTH OF STAY IN	عدالت والمستكر المستوان والمستوان والمستوان	outside carporate limits, write		
SALIS	34A4		IN SANIS	BURY		
d NAME OF HOSP	TAL (If not in haspital, give str	eet address)	d. STREET ADDRESS	101		e IS RESIDENCE ON A FARM?
I NIN Sul	A (JENERAL	HOSPITAL	DELM	AR Kd.		YES NO
B. NAME OF DECEASED (Type or print)	BAby G	Middle	BENNETT	OF b	MBIR 6	ay Year - 1962
5 SEX	6. COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In year		R IF UNDER 24 HRS
FEMALE	WHITE WIDE	OWED DIVORCED [NOUSMBER 5	Ideal birthday	() Manths Days	Haurs Min
during mast af wa	ON (Give kind of work dane 1 rking life, even if retired)	Ob. KIND OF BUSINESS OR	NOUSTRY 11 BIRTHPLACE (Stole	ar foreign country) KY (ANd	12. CITIZEN C	F WHAT COUNTRY
13 FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	UNKNOW	N	MAR	GIE BENN	617	
15 WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO.	17. INFORMANT	A	ddress	, ,
(14E NO. OF DIREIOWN)	(it yes, give war or bank or lervice)		JAMES PhoEL	us DELMAK	c Rd. JA.	LISBURY.
IR. CAUSE OF DE	ATH [Enter anly ane cause pe	er tine for (a), (b), and (c))	VIII I	72 - 1111	LIN	TERVAL BETWEEN
	ATH WAS CAUSED BY:	PEFMATUR	1,7-1		ON	ISET AND DEATH
761	IMMEDIATE CAUSE (o)	NEITHIUM				
- V	DUE TO	Dr 1221-1121	SE MET MASS	IN TAMEL	477	
Canditions, if	immediate (RU WINI WIEL	OZ PHANTIC	IN I WILLI	V/67	
cause (a), stating						
lying cause last	- (-)				5 4 5 5 5 5 V	10 11/40 11/70/00
91	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART I(a)	PERFORMED?
<u>S</u>						YES NO
OR CONTRIBUTION	AS UNDERLYING (1) 20b. I G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enler nature of injury in	Part I ar Port II of item 18.)		
ZOc. TIME OF INJU	WI	d INJURY OCCURRED 20 hile Nat while wark at wark	le. PLACE OF INJURY (Hame, farr factory, street, affice bldg., etc	n. 20f. (City or town)	(County) (State
21 I certify th	ot (1) (this hospital) atte	ended the deceased fr	am 1/- 5 - 19	60,1011-6	1940 1	hat (I) (we) las
			at death accurred at	1		
22a SIGNATURE	1	a /	Idi dedili decorred dig	1	and an the dat	22b DATE
1 / 1	with the to	Soller	M D PHYS	ED STAFF	,	1-6 SIGNE
1 dieta			22d. ADDRESS			
22c PHYSICIAN'S						
				-1360R4 1	Md.	
22c PHYSICIAN'S NAME (Type)	ON 235 DATE THEREOF	22. NAME OF CEMETE	JA0	-13bury	Md,	/Chata)
22c PHYSICIAN'S NAME (Type)	ON, 236 DATE THEREOF	23¢ NAME OF CEMETE	JA0	230 LOCATION (City, 10W)	n, or county)	(State)
22c PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATI REMOVAL (Specif	11-6-1960		SAC INEM, HARK	SALISBUR	GISTRAR'S SIGNATI	URE
22c PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATI REMOVAL (Specif	11-6-1960	WICOMICO	SAC INEM, HARK	SALISBUR	y, Ma	URE

4 after death. Page 4 e fonetal director, may be recommended to the hospital an attending physician.

To FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and complete y filled in by page 3 should be detached for use as the burial-transit permit. Then please remove cappare popers Pages 1 and 2 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 7 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSPI

VR A15 (4) 1 15M 9/19



	0	. COUNTY		o STATE		INITY .	. 50 0,0 00,0 33,000,
	_	kiccnicc '	MARYLAND	MARYLAN	00		omic.c
	E	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 1b	CITY OR TOWN (IF our	side carporate limits, v	vrite RURAL and go	ve nearest tawn)
		SALISBURY		JALI	3 B 4 R 4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		NAME OF HOSP TAL (If not in hospito, give street address) OR INSTITUTION		d STREET ADDRESS) , '		on A FARM?
	1	ENINGULA GLINERAL HOSPIT	AL	DELMAR K	ond		YES NO
-		NAME OF First A	Aiddle	Lost 4	4. DATE	Month	Day Year
		Type or print) BAby Boy		BENNETT	DEATH NE	EMBER	6 1960
	S S	EX 6. COLOR OR RACE 7 (MARRIED NEVER A	AARRIED 🔲 B	DATE OF BIRTH	9. AGE (In lost birth		YEAR IF UNDER 24 HRS
	N	A ! E WIDOWED DIV	ORCED 🗌	NEIZMBER5	1982	yrs. Months [Doys Hours Min 5
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN	ESS OR INDUS	TRY 11. BIRTHPLACE (State or	fareign country)	12 CITIZ	EN OF WHAT COUNTRY
		during most of working life, even if retired)		MARYLI	AND		
	13.	FATHER'S NAME		14. MOTHER S MAIDEN NA	ME		
		UNKNOWN	γ	MAR	91E B	ENNET	T
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT. no. or unknown) [15] (If yet, give wor or dates of service)	Y NO 17 IN	FORMANT	-	Address	1
			JA	NES PhoEbus	DELMAR	Kd SALI	Shore Ma
		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), on	d (c).]		/	7	INTERVAL BÉTWEEN
		PART I, DEATH WAS CAUSED BY:		7/			ONSET AND DEATH
		immediate Cause (b)	9111	7			
		DUE TO U	?.	. 7.4 15	11. 1		
			GE SE	PARATION	FLACE	NIM	
-		gave rise to immediate DUETO					
		lying couse last. (c)					
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITIC	ON GIVEN IN PART	I(a) 19. WAS AUTOPSY
	CATION						PERFORMED?
-	u.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU	IDV OCCUPACE	. (Enter nature of injury in Pa	at Law Part H of Stem 1	10 1	1120 1400
	CERTI	OR CONTRIBUTING TO CAUSE OF DEATH	JKI OCCURRED	. (carer nosure or injury in ro	rrii di ran ii oi ileii	10)	
	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	WEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRE		CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)	20f (City or town)	(Co	ounty) (State)
	WED	Haur a. m. While Not while p. m. 19 of work at work	7	bry, allest, dirice piog., etc.)			
		21. I certify that (I) (this haspital) attended the decer	red from	11-5 196	10 m 11-6	1067	2, that (I) (we) last
				·			* * * * * * * * * * * * * * * * * * * *
J		saw the deceased alive an 1/2 - 19 620,	and that de	eath accurred at A A	A, fram the caus	es and an the	date stated above
П		FRELLA LORI DELLES		ATTENDING MED	STAFF		SIGNEE
1			- N	A.D PHYS DIRE	CTOR PHYS	/	1-6-60
		22c PHYSICIAN'S NAME (Type)		22d. ADDRESS	1 1	- /	
		, ,		JACIS!	16KY, /1	de	
	23a		CEMETERY OF	CREMATORY 2	3d_LOCATION (City	tawn, or county)	(State)
	Marrie	TIEMOVAL (Specify, 11-6-1960 WICCOI		and the second	- 1 1	",	,

may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health priar to burial, crematian, ar removal, and in any eventualing 72 haurs after death. TO HOSPI 6-1960 VR AIS (4) 15M 9/59,

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fryheral director, bollgf be filed with

Then please remave carban papers. Pages I and A

offer death Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Mdi

256 REGISTRAR'S SIGNATURE Chrima S. Thomas

25g. REC'D BY REGISTRAR

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DATENOV 9



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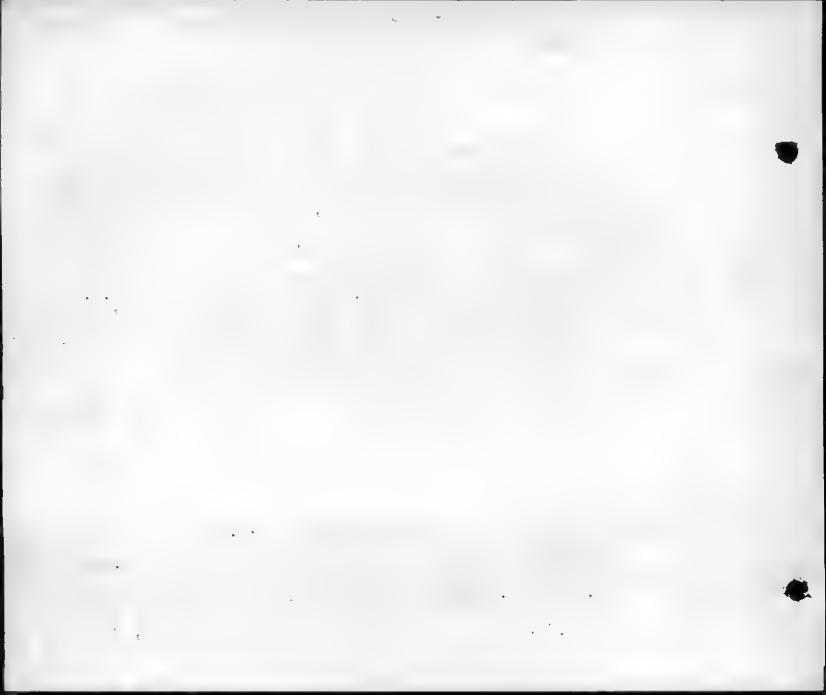
1 PLACE OF DEATH	Jicomico	MARYLAND	2 USUAL RESIDENCE (WI		b. COUNTY	7 100m		ion)
RURAL and give ne	outside corporate limits, write prest town) ICDPON	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Hebr	· ·	limits, write R	URAL and give r	rearest fown	Ì
ACUTITITION OF	AL (If not in hospital, give street	oddress)	STREET ADDRESS	rord Av	7 e			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	OI IVE	Middle ROSE	BENNEUL fort	4. DATE OF DEATH	Mon	dwe al	- 4	reor 19 60
5 SEX	6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9 /	AGE (In years ost birthday) 68 yrs.	Months Day		R 24 HRS Min
HOUGE Work	N (Give kind of work done 10bing life, even if retired)	None	USTRY II. BIRTHPLACE (Stole Athol, Mc	ryland	77)	12 CITIZEN	OF WHATC	OUNTRY?
13 FATHER'S NAME			14. MOTHER'S MÁIDEN I	NAME				
	Henry Budd		Emily J.	ckson	2.54			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16 If yet, give war or dates of service)			tchens (Ter) R. bury, M	D.# Eryli	5 and
	nmediote (arteriors	frombosis but Hen	t Den			ITERVAL BE NSET AND Lazar	
PART II OTH VOID VOID	ER SIGNIFICANT CONDITIONS	Hypertense		INAL DISEASE CO	ND TION GIV	EN IN PART 1(o	PERFO	AUTOPSY RMED? NO 2
	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURE N/A	RED. (Enter noture of injury in	Port I or Port 11 o	of item 18.)			
Y 20c TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d While of wa	Not while	PLACE OF INJURY (Home, form foctory, street, office bldg., etc		town) N/A	(Count	[y]	(Stole)
21. I certify that saw the deceas	t (I) (this haspital) atten		death accurred at	0.59, ta OA M M, from the		d an the do		
226 SIGNATURE	int h	Lumou	M.D. PHYS 🔼 D		TAFF PHYS	Nov.	22 X	DATE SIGNED
72c PHYSICIAN'S NAME (Type)	Dr. Ernest M.1	ermore	Delman, D.	alwire				
230 BUR AL, CREMATION REMOVAL (Specify) Bilinial	Nov. 29, 1960	23c NAME OF CEMETERY	or CREMATORY	Pant)	1. rde	la ha		,
24. FUNERAL DIRECTOR'S		ADDRESS		"D BY REGISTRAR	25b. REGI	STRAR'S SIGNA	TJRE	
HOLLOMAN 8	COMPANY S	SALISBURY NA	RYLAND DATE DE	ا ما		2001		

may be "Canned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this cartificate has been signed by the ottending physician and sommetely filled or the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 hours offer death. after death. Page 4 TR ATTENDED THYSICIAN: The lam requires that the death certificate be executed within Tall TO MOSPI

VR A15 (4) 15M 9/59

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250 REGISTRAR'S S GNAT.

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TO PURINE DIRECTOR:

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FUNERAL DIRECTOR'S SIGNATURE

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res that the death certificate

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CERTIFICATE OF DEATH

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ofter death. Page 4

VR A15 (4) 1SM 9/59

7	1. 1	PLACE OF DEATH S COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
71)		WICOMIED MARYLAND	mary Land Caroline
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CTY ORITOWN (If outside corporate imits, write RURAL and give nearest town)
	-	NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS 6 IS RESIDENCE
7,	L	en Mouta Heneral	ON A FARM?
5		NAME OF First Middle	tost 4 DATE Month Day Year
		(Type or print) SEATRICE	Bower DEATH/ EVERyber 20 1960
	5.	6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS wish building) Manihs Doys Hours Min
	_	emake lettile WIDOWED DIVORCED	luckenown 63 m
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_		1 ELCHER EFFWANTOW	1 horred us
1	13.	FATHER'S NAME	14 MOTHER'S MAIDEN MANE
ж,	_	Wedley your	DENNING CIKERI
		WAS DECEASED EVER IN U. S. TARMED FORCES? 16. SOCIAL SECURITY NO. 11 15. no. or unknown) If yes, give wer or dot is of kervice)	NFORMANT Address Al do 1 o
			year vieney hell toron, our Holl, hid
		IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PULLLY OF A	a feculo de a say contensent
		DUE TO	
		Conditions, if any, which are (b)	
		cause (a), stating the under-	
	_	lying cause lost) (c)	
	CATION	PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED?
	FICA	CALL ACCIDENT MARE IN DETRUINED TO THE OPERATION HOUSE IN MINISTRACTION	YES NO
	CERT	200_ ACCIDENT WAS UNDERLYING	ED (Enter nature of injury in Part I or Part II of ilem 18.)
			ACE OF INJURY (Home, farm, 20f (City or lown) (Caunty) (State)
	MEDICAL	Hour o.m. While Not while fo	ACE OF INJURY (Home, farm., 20f (City or town) (County) (State) clary, street, office bldg , etc.)
	×	p. m.	
		21 I certify that((I))(this hospital) attended the deceased fram	
		saw the deceased alive on	death occurred of A, from the couses and on the date stated above.
3		in a Man B. Calina Y-	ATTENDING MED STAFF SIGNED
		22c PHYSICIAN'S	M D PHYS. DIRECTOR PHYS
		NAME (Type)	
	230	AUR AL, CREMATION, 286. DATE THEREOF 23c NAME OF CEMETERY S	OR CREMATORY 23d CAT QN (C by town, or dounty) (State)
	1	REMOVAL TOPOGITY) how 23, 1960 Rediel	Sidgely life
4	24	FLUKRA) DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTAR 258 REGISTRAR'S SIGNATURE
		frege hoose don, poton	or lead, DATE NOV 22 60 ariling S. Hours

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after death. Page 4

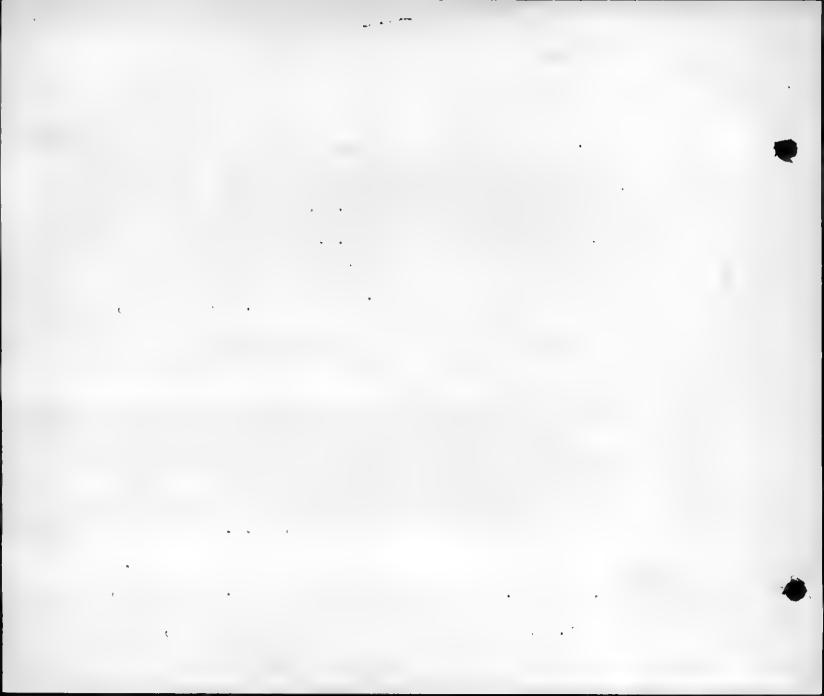
? the funeral director, 2 shauld be filed with Then please remave carban papers. Pages 1 and may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely f. led page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 at the State Board of Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. 72 haurs after death,

OR ATTEMDIME PRYFIC—N: The law requires that the death certificate be executed within 24 by samed by the haspital as attending physician.

VR A15 (4) 15M 9/59

	12100	CERTITION	TE OF BEATH		
1	D. COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (Who a. STATE Marvl	ere deceased lived. If institution: Re	sidence before admission)
	b. C.TY OR TOWN (If autside corporate timits, write	E. LENGTH OF STAY IN 16	V	utside carporate limits, write RURAL	
/	RURAL and give nearest town)		12 55318	· ·	g., , , , , , , , , , , , , , , , , , ,
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d, STREET ADDRESS	<i>y</i>	e. IS RESIDENCE ON A FARM?
7	ren Gen Hospit	3]	Sprin	g Hill Road	YES NO 🔀
*/	3 NAME OF DECEASED (Type or print) First	ELI EN	BRADLFY	4. DATE Month OF DEATH NOVINH!	Day Year TR 7th 1960
	s sex 6 color or race 7. MARR	7.5	B. DATE OF BIRTH Oct. 30,1882	inst birthday)	NDER 1 YEAR IF UNDER 24 HRS. iths Days Haurs Min
	100 USUAL OCCUPATION (Give kind at wark done 10b. during mast of wark ng life, even f retired)	KIND OF BUSINESS OR INDU	·	mr fareign caunity) 12	U.S. A
	13 FATHER'S NAME		14. MOTHER'S MAIDEN N		
1	lilson "right		Annia Hol	low y	
/	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no., or unknown] [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17. 1	s, Sora Colli	ns (Daughter)	rd.Delswre
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost (c)	1 10 10 10	ang Eder	na A Direcce	INTERVAL BETWEEN ONSET AND DEATH
	PART II OTHER SIGNIF-CANT CONDIT ONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NALD SEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 🖔
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	Part Lar Part II of item 18)	
	20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. While at war	Nat while fo	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	N/A	(Caunty) (State)
	21 I certify that (I) (this haspital) attends saw the deceased alive on 11 17 160	19, and that a	ATTENDING ME	M, fram the causes and an	22b. DATE
-	PHYSICIAN'S NAME (Type) p. Andrew C. Mi		M.D PHYS DIR 22d. ADDRESS		ry, lonyl na
	23a BUR AL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) UT101 NOV. 10, 1960	23c NAME OF CEMETERY O	Cemetery	23d LOCATION (City, town, or course Shr rptown, Mar.	7 7
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'E	BY REGISTRAR 256 REGISTRAR	'S SIGNATURE
	FOLLOLAY & COMPANY	SALTOPURY M	RYI AND DAMOV	19 160 arthur.	8. Frank



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

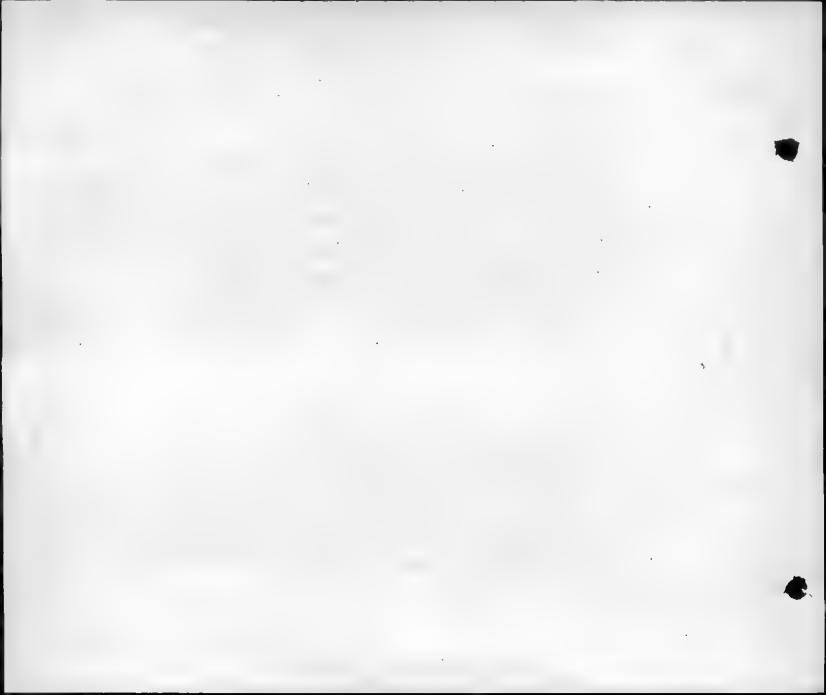
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TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 km after death Page 4 may be recovered by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, gremation, ar remaval, mean yon event, within 72 hours after death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
o. COUNTY 1	a. STATE DA	
b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
SALISBURY Sie	4 Y) 1 d. 1.	
d. NAME OF HOSPITAL (If not in haspital, give street address)	d STREET ADDRESS e IS RESIDENCE	
PENINGULA GENERAL HUSPITAL	ON A FARM? YES NO	
3. NAME OF First Middle	Lost 4. DATE Month Day Year	
DECEASED (Type or print)	BRADLEY DEATH NOVEMBER 24 19 60	
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ost birthday) Months Days Hours Min.	
MALE WIDOWED DIVORCED	yrs yrs	
Tion. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY?	
the one		
13. PATHER'S NAME	14 MOTHER'S MAIDEN NAME	
The same of the sa	11.	
	NFORMANT Address	
(Yes, no or unknown) (If yes give war or dates of service;	v i P	
13,-	and the state of t	
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN	
PART : DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DOCKEY SECULA	in fruit des est unlemant	
LL 22 DUE TO		
Conditions, if any, which }		
gave rise to immediate		
cause (a), stating the under-		
lying couse lost. (c)		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?	
[3]	YES NO NO	
20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH 20c DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH 20c DESCRIBE HOW INJURY OCCURRED 20c DESCRIBE HOW INJURY OC	D. (Enter nature of injury in Part I or Part II of item 18)	
County) County		
	12.7 18 -10 111011 -1001	
21 I certify that (I) (this haspital) attended the deceased fram.	(1906) that (1) (we) last	
	death accurred at 5 4 M, from the causes and on the date stated above	
220. SIGNATURE	ATTENDING MED STAFF SIGNED	
11 11 634((10) 1-	M.D. PHYS DIRECTOR PHYS.	
22c PHYSICIAN'S	22d. ADDRESS	
NAME (Type)		
230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, fown, or county) (State)	
230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY C	DR CREMATORY 23d LOCATION (City, town, or county) (Stote)	
	etapo de la	
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. RECYCLY REGISTRAR'S SIGNATURE		
Smith toward from a Dharptown And DATE		

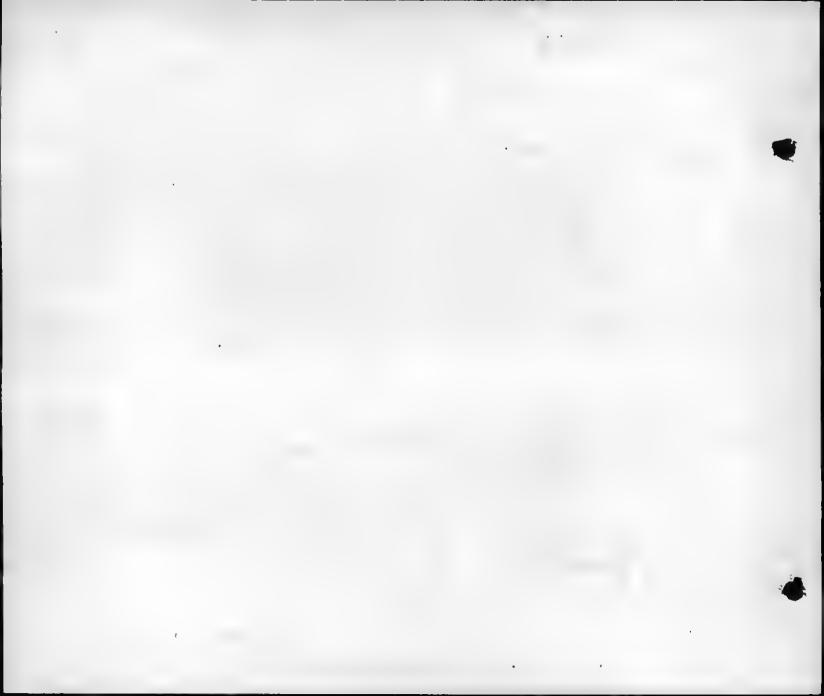


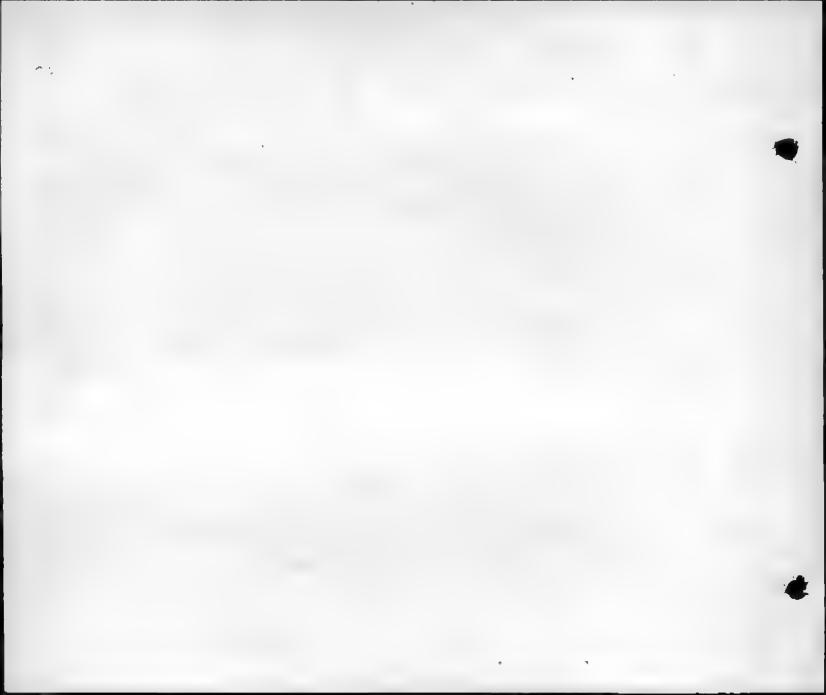
BALTIMORE 1, MARYLAND

Division of STATISTICAL RESEARCH AND RECORDS.



MARYLAND STATE DEPARTMENT OF HEALTH





1 PLACE OF DEATH a. COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE {Where decement of the country of	
	ased lived. If institution. Residence before admission) b. COUNTY
PREI Y LEGILLE	Queen Anne's
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C CITY OR TOWN (If outside co	rporate limits, write RJRAL and give nearest lawn)
Salisbury 7 days Centerville	
d NAME OF HOSPITAL (if not in hospital, give street address) d STREET ADDRESS	e. IS RES DENCE
Pine Bluff State Hospital	ON A FARM? YES NO
3. NAME OF DECEASED First Middle Lost 4. DAT OF	E Month Day Year
(Type or print) JAMES ALISON DADOS	TH Nov. 30 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MAKILO EL MAKILO EL	lost birthdoy) Manths Days Hours Min.
M WIDOWED DIVORCED Sept. 11, 1888	
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign during most of working life, even if retired)	n country) 12 CITIZEN OF WHAT COUNTRY?
Huckster Farming Maryland	U.S.A.
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
William J. Dadds Inizzie Alle	m
V1111am J. Dadds 12.721e Alle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT [Yes. no. or unknown) [If yes, pive wor or dotte of service)	Address
No 212-16-72286 Records of Pine	Pluff Wagnital
1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE [0] Pulmonary tuberculosis	5 mos.
★ DUE TO	
Conditions, if any, which)	
gove rise to immediate	
DUE TO	
cause (a), stoting the under-	
lying couse lost. (c)	
lying couse lost. (c)	PERFORMED?
lying couse lost. (c)	EASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
lying couse lost. (c)	PERFORMED? YES NO
Second Contribution	Performed? YES NO Port II of item 18.)
Iying couse lost. (c)	PerformeD? YES NO Port II of item 18.)
Ving couse lost. (c) Ving couse lost. (c) Ving couse lost. (c) Ving couse lost. (d) Ving couse lost. (e) Ving couse lost.	PerformeD? YES NO Port II of item 18.)
Iying couse lost. (c)	Part II of item 18.) City or town) (County) (Stote)
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SE Arteriosclerotic cardiovascular disease 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I are on Contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year While Not while at work 19 While Not while at work 19 Injury of the property	Part II of item 18.) City or town) (County) (State) D NOV. 30, 19.60, that (1) (we) ast
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SE Arteriosclerotic cardiovascular disease 200 ACCIDENT WAS UNDERLYING DOOR OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I are of CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work of work 19 factory, street, office bidg., etc.)	Performed? YES NO Port II of item 18.) City or town) (County) (State) NOV. 30, 19.60, that (I) (we) ast on the date stated above.
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SE Arteriosclerotic cardiovascular disease 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I are on The Contributing 200 Described How Injury OCCURRED. (Enter nature of injury in Part I are on The Contributing 200 Described How Injury OCCURRED. 200. TIME OF INJURY Manth, Day, Year 200. INJURY OCCURRED While Not while at work of the other office bidg., etc.) 21 I certify that (1) (this hospital) attended the deceased from Nov. 23	PerformeD? YES NO Port II of item 18.) City or town) City or town) County) City or town) County) County) County) County) County) County) County Co
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SE Arteriosclerotic cardiovascular disease 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year 19 While Not while at work of two work 19 Not while at work of two work 21 I certify that (I) (this hospital) attended the deceased from Nov. 23 1960 is sow the deceased alive on Nov. 30 19.60, and that death occurred at 8:4%, FROM THE STORY AND TH	Part II of item 18.) City or town) County) City or town) County) County) County
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SE Arteriosclerotic cardiovascular disease 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work of the other of the other of the pm. 21 I certify that (I) (this hospital) attended the deceased from Nov. 23	PerformeD? YES NO Port II of item 18.) City or town) County) County C
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SE Arteriosclerotic cardiovascular disease 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work of the other of the other of the pm. 21 I certify that (I) (this hospital) attended the deceased from Nov. 23	Performed? YES NO Port II of item 18.) City or town) County) City or town) County) County) County) County) County) County) County
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISK Arteriosclerotic cardiovascular disease 200 ACCIDENT WAS UNDERLYING 100 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I are of Contributing 100 also of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work of work 19 mm. 21 I certify that (I) (this hospital) attended the deceased from NOV. 23 1960 to sow the deceased alive on NOV. 30 1960, and that death accurred at 8:4% from the company of the compa	Performed? YES NO Port II of item 18.) City or town) City or town) County) County County) County Cou
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SE Arteriosclerotic cardiovascular disease 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CON	PerformeD? YES NO PerformeD? YES NO PerformeD? YES NO Performed No Per
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SE Arteriosclerotic cardiovascular disease 20a Accident was underlying OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur a m p m. 19 While at work of two work 21 I certify that (I) (this hospital) attended the deceased from Nov. 23	PerformeD? YES NO Pert II of item 18.) City or town) County) County

TO HOSPICE OR ATTEMENT PRYMICIAN: The low Equires that the death mertificate bill executed within 22 feet death. Page 4 may be refained by the haspital or attending physician.

TO FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 and 2 should be filled with the Stote Board of Health prior to buriol, cremotion, or remayol, and in any event, within 72 haurs ofter death. VR A1S (4) 15M 9/59

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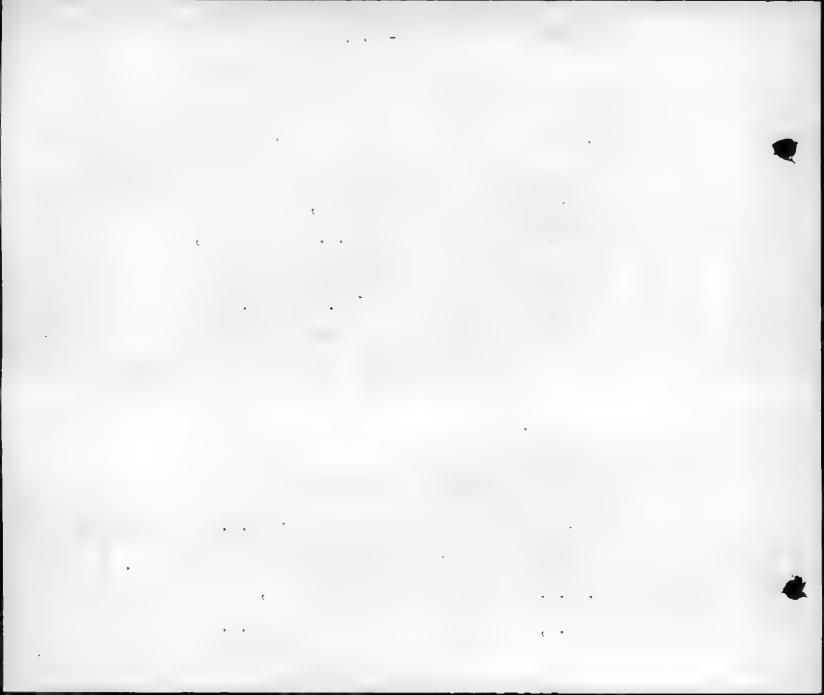


VR A15 (4) 15M 9/59

TO HOSPI DR ATTENDING FIFTSICIAM: The law requires that the death certificate be exempted within 24 [mm] after death. Page 4 may be read and by the hospital an attending physician.

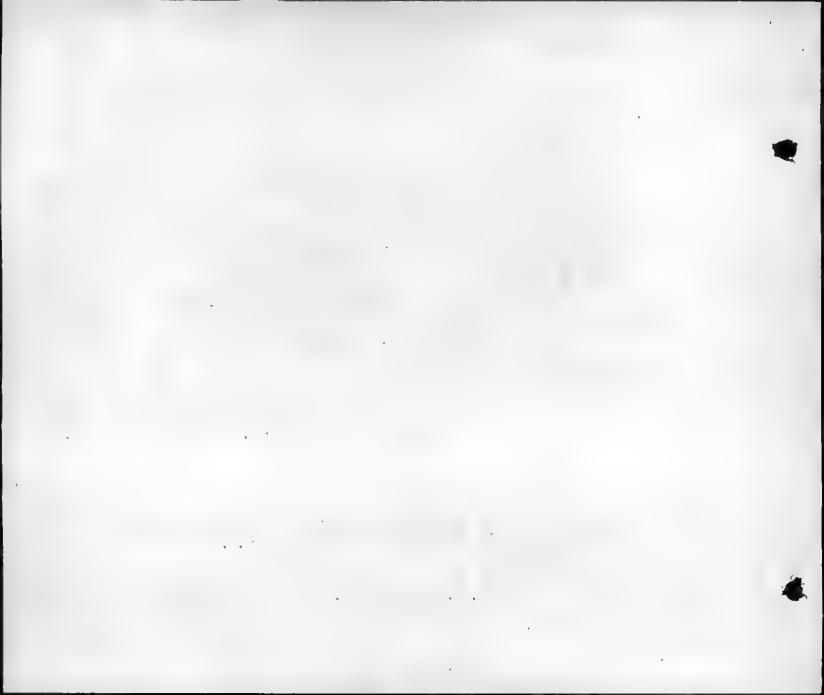
TO FULLERAL MIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 bourg after death.

70/02.	CERTITIO	ALE OF DEATH
1 PLACE OF DEATH STORMICO	MARYLAN	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) o. STATE I nd b COUNTY Viconico
b, CITY OR TOWN (if outside corporate limi RURAL and give nearest town)	ts, write c LENGTH OF STAY IN 1	b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Definar
d NAME OF HOSPITAL (If not in hospitol, g OR NSTITUTION 506 Chestr	ive street oddress) nut St	a street address 506 Chestnut St is residence on a farmy, yes \(\sigma \) no \(\sigma \)
3. NAME OF DECEASED (Type or print) RAYFY	st Middle	DAVIS 4. DATE OF Month DEATH NOVI 37R 6th 1960
s sex 6 COLOR OR RACE Thite	7 MARRIED NEVER MARRIED WIDOWED DIVORCED	1 1 23, 1892 Go yrs Months Days Hours Min.
during most of working ife even if retired	done 106, KIND OF BUSINESS OR IN	B.D.# Pittsville, Md II S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
John Davis	reger la constant and the late	Henrietta Campbell
15. WAS DECEASED EVER IN U. S. ARMED FOR	ervice) 16. SOCIAL SECURITY NO.	rs. Earth Ellan D vis(Addite) 504 Chastm
18 CAUSE OF DEATH (Enter only one continued to the course (or immediate course (or immediate course (o), stoting the under tying course lost. PART II OTHER SIGNIFICANT CONTINUED CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DOTONIAL BOTTONIAL BOTTONI	BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 100 RRED. (Enter nature of injury in Port 1 or Part 1 of item 18)
20c TME OF INJURY Month, Doy, Ye Hour o m. N/A 19	ar 20d INJURY OCCURRED 20e While Not while of work of work	PLACE OF INJURY (Home, form, form, foctors street, office bldg , etc.) 20f. (City or town) (County) (State
21 I certify that (I) (this bespital saw the deceased alive as 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. L.V.S.	Spler	
230 BURIA, CREMAT ON, 236, DATE THEREC		Y OR CREMATORY 23d LOCATION (City, town, or county) (Stote) R.D. # Pittsville, Maryl no
24, FUNERAL DIRECTOR'S SIGNATURE HOTI TY & COMP :	ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 9 '60 C' 'm & Kinna



Allen

1	工の工 (表	CERTIFICA	IE OF DEATH		TOTOU			
ı	1 PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE	ere deceased lived If institution Residue. b. COUNTY				
ı	b City OR TOWN (If autside carporate limits, wri	ite c. LENGTH OF STAY IN 16		Tend Wo Itside corporate limits write RURAL on	rcester			
ı	RURAL and give nearest town)	965 days						
I	d. NAME OF HOSPITAL (If not in haspital, give str		d. STREET ADDRESS	TITIE	e. IS RESIDENCE			
	DEER'S HEAD STATE			23 X	ON A FARM? YES NO			
H	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year			
	(Type or print) Mary	Priscilla	a Devereaux	DEATH 11	8 1960			
i	5 SEX 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS			
ı	F W WID	OWED DIVORCED	4-5-81	last birthday) Manth	is Days Haurs Min			
	10a USU It OCCUPATION (Give kind of work dane dring most of working fire, even if refired)	106 KIND OF BUSINESS OR INDUS	STRY 11 BIRTAPLACE (State of	(foreign country)	CITIZEN OF WHAT COUNTRY?			
١	13. FATHER SANAME	VIVI NUME	14 MOTHER'S MAIDEN N	AME				
	Joseph J. Dev	ureauf	Henrutt	a Quans				
	15 WAS DICEASED EVER IN U.S. ARMED FORCES? (Yat. not or response), (15 yes give war or dates of service)	16. SOCIAL SECURITY NO 17 IN	GOLD BY	Addyess Till	sand!			
	les coles es estate la	1 one 11	100441013VVI	ur swownie,	my			
1	18. CAUSE OF DEATH [Enter only one cause p		, ,	,	ONSET AND DEATH			
ı	PART I. DEATH WAS CAUSED BY: Congestive heart disease 10 days							
ł	DUE TO							
ı	Conditions, if any, which (b)		· · - · · · · · · · · · · · · · · · · ·		-			
1	couse (a), stating the under-							
	lying cause last (c)							
	PART II. OTHER SIGNIFICANT CONDITIO				PART 1(a) 19. WAS AUTOPSY PERFORMED?			
	Diabetes mell	litus; arteriosc			YES 🔀 NO 📋			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D (Enter nature of injury in Pi	ort Lar Part II af item 18.)				
	A Hour a.m.		ACE OF INJURY (Home, farm, stary, street, affice bldg., etc.)		(Caunty) (State)			
	21 I certify that (I) (this hospital) att		3-19 10	58 to 11-8 to	60 that (1) (wa) last			
		11-8 1960 , and that d		M, fram the couses and on t				
	22g. SIGNATURE	and the ratio that o	10:4	5 palla	22b, DATE			
	X V X 1. X.1		M.D. PHYS. DIR	D STAFF RECTOR PHYS V	SIGNED 11-9-60			
	22c PHYSICIAN'S			Deer's Head State				
	NAME (Type)	L. V. Maldve.		Salisbury, Maryla	-			
1	23 PURIAL CREMATION 235 DATE THEREOF	120 NAME OF CEMETERY		23d AOCATION (Gyr, tawn or count				
A	PENOVAL (STEALTH)	Hhalcoat la	emely	SnowKill	ma			
	24 FOREBAL DIRECTOR'S PIGNATURE	ADDRESS M. on		BY REGISTRAR 256 REGISTRAR'S				



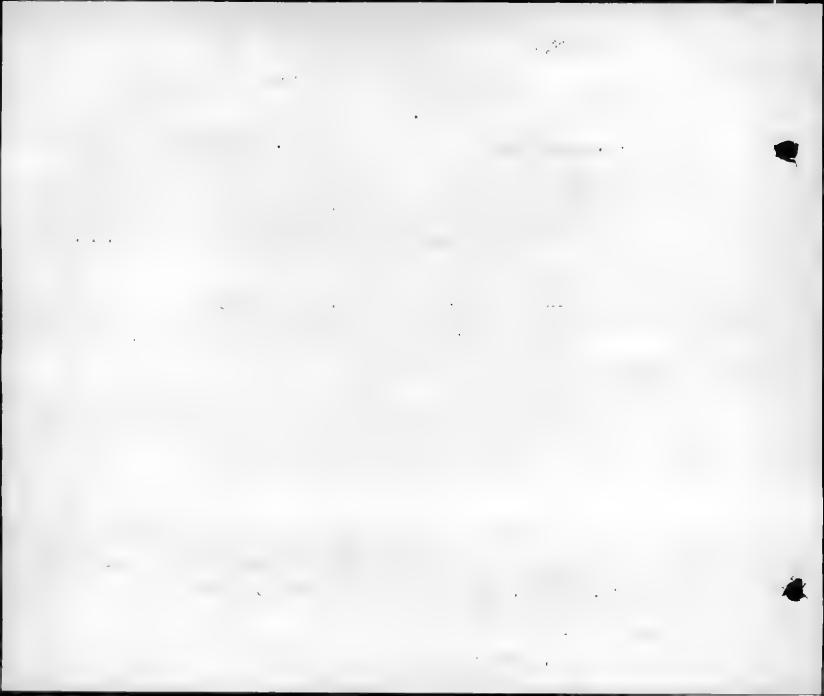
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NA	ŀ
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TO HOSPITED BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Conference death. Page 4 may be resimed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled the funeral director, page 3 shauld be detained for use as the burial-trans t permit. Then please remave carbon papers Pages 1 and 2 should be filled with the Silled Board of Health prior to benial, premation, or promote and in any event, within 72 hours after death

M		$\alpha m \rightarrow 1 m(7575)$						
)	1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE DE STATE MATY		b. COUNTY	n: Residence before a	imission)	
	b C TY OR TOWN (If outside carporate limits, wri RURAL and give nearest town)	te c LENGTH OF STAY IN 1b						
	Salisbury	1 ½ Yrs.	- Sali	sbury				
,	d NAME OF HOSP TAL (If not in haspital, give strong Institution John B. Parsons Hor		John	JUI NE.	ton St.	C	RESIDENCE ON A FARM?	
ş j	3. NAME OF First	Middle	last	4. DATE		Day	Year	
	(Type or print) SINA	TAYLOR DI	CKERSON	OF DEATH	13	25	19 60	
	Formala White		DATE OF BIRTH	_	AGE (In years lost birthday) 97 yrs	Months Days Ho	JNDER 24 HRS	
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	Own Home	Naryl Maryl		ntry)	U.S.A		
	13. FATHER'S NAME	01111 1101110	14. MOTHER'S MA	IDEN NAME				
	John Thomas Taylor		Sarah W	hite				
100	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, gave wor or dates of service)	THE BUCKLE OF COMMITTEE AND A STATE OF THE S	ormant hn B. Par	sons Home	Same	953		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITION OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)		OT RELATED TO THI		CONDITION GIVE	PI	NAS AUTOPSY REFORMED? S NO	
	ZOE, TIME OF INJURY Month, Day, Year 20	Ete	E OF INJURY (Homory, street, office bld	e, farm, 20f (City o	r town)	(County)	(Store	
	Hour o.m. 19 ol	hile Not while work of work	rry, siteer, write bid	d-1 a(c-1				
	21. I certify that (I) (this hospital) attended the deceased from. Sow the deceased alive an //- 29 1960, and that death occurred at M, from the causes and an the date stated above 22d. SIGNATURE M.D. ATTENDING MED TO PHYS 11-26-1960 22d. ADDRESS NAME (Type) Dr. Philip A. Insley 22d. ADDRESS Salisbury, Maryland							
	23d BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR			DN (City, tawn, o		(Stote)	
	Burial 11-27-1960				sbury, M			
3-4	24 FUNERAL DIRECTOR'S SIGNATURE Hill & Johnson Co. Sali	sbury, M ryland	250 DA	REC'D BY REGISTR.	AR 256 REGIS	TRAR'S S GNATURE		

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

13176

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13152

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7		/
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after death. Page 4

been signed by the attending physician and campletely filled in 89 the funeral director, I-transit permit. Illim planae remave carbon papers. Pages 1 and 2 should lie filed with ion, ar remavol, and in any amount within 72 hours after death ys cian.

SR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

The	d b	has	Lrid	smal
PHYSICIAN:	tal ar attendir	this certificate	or use as the b	ir ta burial, cre
ATTENDING	by the haspi	CTOR: After	e detached fo	of Health pria
TO HOSPI OR ATTENDING PHYSICIAN: The	may be refuned	TO FUNERAL DIRE	page 3 shauld be detached for use as the buria	the State Board of Health prior to burial, cremal
VR 15	A'	975	[4] 9	

I, PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY Wicomico
Wicomico	Maryland Wicomico
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Salishurv 15 Mons.	Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. 15 RESIDENCE ON A FARM
Spring Hill Rr. Sanitoriam	100 8 Bell YES NO
DECEASED	Last 4. DATE Month Day Year
(Type or print) EMMA FLORENCE DI	SHAROON DEATH 11 14 19 60
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 H
	Aug. 15, 1860 TOO yrs Months Days Haurs Mil
Female White WIDOWED I DIVORCED	1108 420 710
18a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State as foreign country) 12. CITIZEN OF WHAT COUNT
House Wife Own Home	Maryland U.S.A.
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
13. TATHER 3 HAME	
Josuha Turner	Unknow
	RFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dotes of service) None M	rs. T.B. Mumford- Same
no None M	13. 1,0. Hailtora bailt
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	ONSET AND DEAT
IMMEDIATE CAUSE (o) COLLECT	
DUE TO O - / M	1. 1 L 1 M. 1 N
Canditions, if ony, which) (b) Canditions, if ony, which)	torestates trathelessan
gove rise to immediate	
cause (a), stating the under-	
lying cause lost (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP
TATE OF THE PARTY	PERFORMED! YES □ NO
ACCIDENT IVAL INTERNAL OF THE PROPERTY OF THE	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	D (Enter noture of injury in Port I or Port II of item 18.)
2	ACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (Statey, street, affice bldg., etc.)
Haur o. m 19 While Nat while at work at work	A A
2 2.00	10.000
21 I certify that (I) (this haspital) at jended the deceased fram	19 19 19 10 11 11 14 16 0, 19 that (I) (we) I
saw the deceased alive an 11/11 19/00 and that a	leath accurred at M, from the causes and an the date stated aba
220_SIGNATURE	226 DATE
190 med 1.11	ATTENDING MED STAFF / STAFF
	M.D PHYS DIRECTOR PHYS
ZZc PHYSICIAN'S NAME (Type)	22d ADDRESS
Dr. A.C. Mitchell	Maryland Ave., Salisbury, Maryland
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	
REMOVAL (Specify) 12 30 3060 Chod Point Co	
Burial 11-17-1960 Shad Point Ce	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Hill & Johnson Co. Salisbury, Maryland	DAMOV 1 8 '60



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Physician

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DIRECTOR:

FUNERAL

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that the death certificate

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BALTIMORE 1. MARYLAND EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived. If institution: Residence before admission ay is necessary, in cral director. Page ed for your files. te Board of Health, a. COUNTY **b.** COUNTY Vicorico nvl and Ticomico MARYLAND d b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata limits, write RURA, and give nearest town) write RURAL and give nearest town) ริกา กำ กามภา d NAME OF HOSPITAL OR INSTITUTION IF TO IE hospital d STREET ADDRESS IS RESIDENCE ON A FARM? 1 (ierdow Bridse 2 with the State 50117 ould be executed within 24 hours after death. If an "in pencil in Item 18. Give Pages 1, 2, and 3 to the fur. Office along with form PM3. Page 5 may be retaine burial-transit permit. File pages 1 and 2 with the State movel. and in any event within 72 hours after death 3. NAME OF Middla 4. DATE DECEASED (Type or print) REVE DOMOHITE 10 60 DEATH 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR JE LINDER 24 HRS last brithday) Months Remala WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fa, avan if ratirad) moloyee-Shirt Fotory Oper tor" Solisbury, Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME No Record Gladys Wilkerson This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT st(Gring Address (Yes, no, or unkown) | (Ifyesgivewarordatesofservica) Er, Ilwood 18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c)] OMSET AND DEATH PART I. DEATH WAS CAUSED BY: MAJONA S IMMEDIATE CAUSE (a)_ DUE TO ramoval, Conditions, if any, which (b) "pending" gave rise to immediate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a rits designated agent, prior to burial, genation, or rem DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/81, 194 WAS AUTOPSY CERTIFICATION PERFORMED? NO FX 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part I or Part II of Itam 18.1 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED + 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yeer factory, street, office bldg., atc) Railrord Crossing - Fruitlind (wico. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 and in my opinion death resulted from: 12 Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR Nov. 17 DEPUTY MEDICAL EXAMINER TX NAME (Typa) Address (Streat, city, town, or county) DEP 22a BURIAL, CREMATION | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, Jown, or country) REMOVAL (Spacify) Shid Point Cemetery-R.D.Silisbury. Frylind O 240 וֹ יןוו H 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME TO TAS COMB. AA S JIBBURY MAPYLAND 5M 7/59 DANOV 1 6 '60 Orthor & times

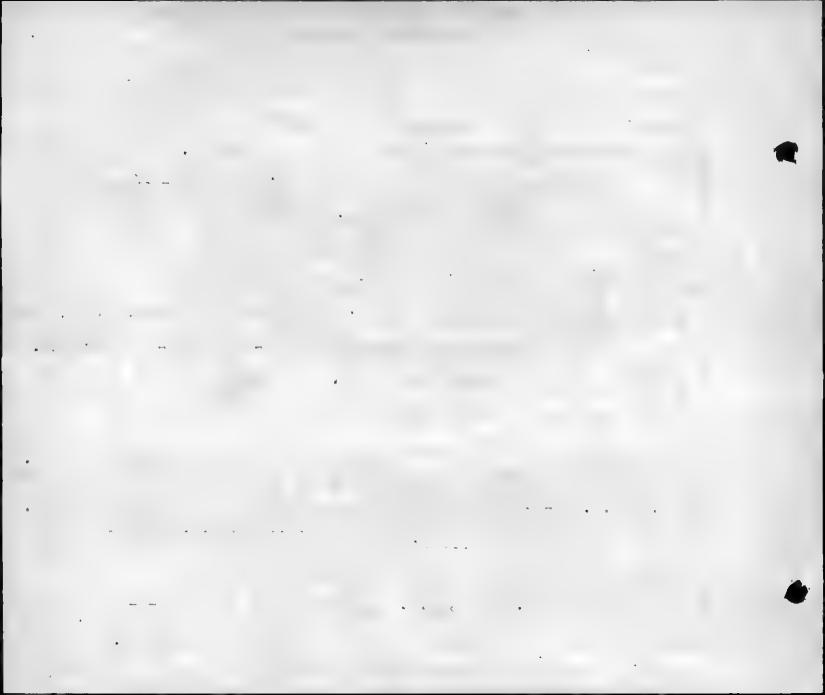
AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Jesudence before admission) COUNTY o STATE h. COUNTY MARYLAND WILCOMICC b CITY OR TOWN (f outs'de corporate limits, write c. LENGTH OF STAY IN 16 uside corporaterianits, write RURAL and give nearest town) RURAL and give nearest town) ALISBURY d NAME OF HOSPITAL (finat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? SENERA HOSPITAL YES NO ENINSULA NAME OF 4. DATE M. ddie Lost Month Year filled DECEASED (Type or print) DEATH 1960 ORSEL OUEMBER 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) FUNDER 1 YEAR IF UNDER 24 HRS. Months Days WHOOWED [7] DIVORCED yrs. papers Π. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of horking life, even if retired) 70 and 13. FATHER'S NAME 14 MOTHER'S COL physician 0 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMAN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last, PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES FI NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm | 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work ot work 21 I certify that (1) (this haspital) attended the deceased fram. 69 ta_ ___ 19k C, that (I) (we) last 1960, and that death accurred at 2 18 ZM, fram the causes and on the date stated above saw the deceased alive an_ FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED ATTENDING M D. PHYS. DIRECTOR PHYS. 22c PHYSICIAN'S 22d ADDRESS NAME (Type) JEDAL CREMAT OND 236 DATE THEREOI NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, talwn. or county) 0 ADDRESS REC'D BY REG STRAR 256. REGISTRAR'S SIGNATU VR A15 (4) a thung of 15M 9/59 Firmera



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotian, Reg. Dist. No fease ex should I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If Institutions Residence before admission) e. COUNTY b. COUNTY Wicomico o. STATE MARYLAND Wicomica b. CITY OR TOWN (If outs de corporale limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 and give negrest town) Salishurv Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Paninsula General Hospital Wailes NAME OF 4. DATE Year DECEASED JI's DEATH (Type or print) 11-5-60 Fleischauer Pierre 19 9. AGE (in years lost birthdom) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS 1925 Months DIVORCED F WIDOWED [7] OV. уга, 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired Printer Marvland USI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOY Kirrenze Pierre Fleishhauer Sm Florence Powell 40 IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address World War Give Thelma Hickman Salisbury 23 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound fracture of skull-occipital-Sudden. Fractured cervical spine Conditions, if any, which Crushed laft chest. gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 80 CERTIFICATION PERFORMED? NO TU YES [] 200. EXTERNAL CAUSE WAS PRIMARY IX or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) threw him out Exami should hit pole and king that ran out of control 203 INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year PLACE OF INJURY (Home, form, i 20f. (City or town) factory, street, office bldg., etc. Gryl work at work Salisbury Wicomico Md. Highway, 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection I Inquiry X, and find that to the Chief L DIRECTOR: death resulted from: Natural causes ... Accident Y, Suicide . Hamicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 77-8-60 Rover, M.D. 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 11/6/60 Burial Dale Whalevville VIII e MA 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRPSS 240. REC'D BY REGISTRAR VS. ATSMEIST Crimy S. Frank 5M 9759



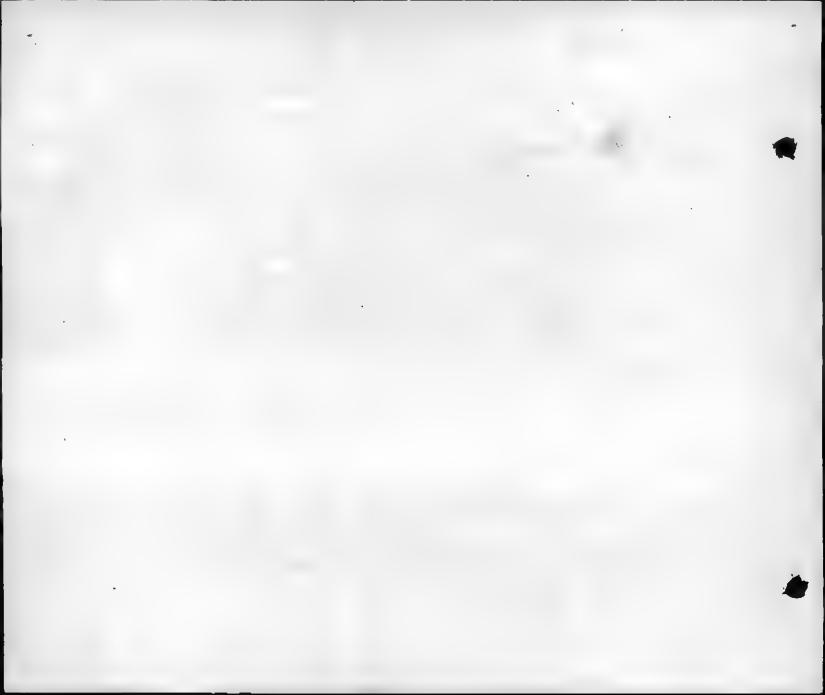
13179	DIVISION OF STATISTICAL RESEARCH AND RECORDS BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	1010	
1, PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence	before admission	

illicomico		MARYLAND	MARYL	AND 6 COUNTY	WORCESTER
b. CITY OR TOWN (If autside cars RURAL and give negrest town)	porate limits, write c. LENGTI	H OF STAY IN 16	c, CITY OR TOWN (IF o	utside corporate limits, write R	(URAL and give nearest town)
Salisbury	7	DAYS	Pocom	OKE CITY	Production of
d NAME OF HOSP TAL (If not in	hospital, give street address)	1-11	d. STREET ADDRESS		e. IS RES DENCE ON A FARM?
Peninsula C	oeneral N	ospital	203 51	XTH STREET	YES NO YES
3 NAME OF DECEASED	First	Middle	1 / Lost	4. DATE Mar	nth Day Year
(Type or print)	ILLIAM	m. 7	Teming	DEATH //ovemb	
5 SEX 6. COLOR (OR RACE 7 MARRIED NE		. DATE OF BIRTH	9 AGE (In years lost birthday)	Manths Days Hours Min
11/a/e Wh	₩IDOWED 🗍	DIVORCED	NOV. 3, 18;	75 85 m	
10a USUA, OCCUPATION (Give kind during most of working life, even	if retired)		RY 11. BIRTHPEACE (Stole		12 CITIZEN OF WHAT COUNTRY?
HUMBER MFG	hun	NBER	PENN5YH	VANIA	U.S.A.
IS. PAIRER'S NAME	4.4.		14. MOTHER'S MAIDEN N		
IS WAS DECEASED EVER IN J. S. AI	FLEMING RMED FORCES? 116 SOCIAL SEI	CHRITY NO. 17 IN	ELIZABE ORMANT	TH SPROUL	Press :
	or dates of service	1000		FIF - 20	3 SIXTH STREET
Tip. CAUSE OF BEATH, (Colored	- <u>170-10</u>		KS MARY MIL	FAEMING PE	INTERVAL BY TWEEN
18. CAUSE OF DEATH [Enter of PART 1, DEATH WAS CAI	^	(c). one (c).	11 . 0 1.		ONSET AND DEATH
MMEDIATE		E MENUYCE	y of M	2714-	ULAL U MICE
Conditions, if ony, which)	DUE TO		U		
gave rise to immediate	(b)				
lying couse lost.					
	(c) ANT CONDITIONS CONTRIBUTI	ING TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	VEN IN PART I(a) 19. WAS AUTOPSY
CATI					PERFORMED? YES TO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	NG 1 20% DESCRIBE HOW	NJURY OCCURRED	. (Enter nature of injury in F	'art I ar Part (I af item 18.)	
G (IF EITHER, NOTIFY MEDICAL EX	AMINER)				
20c TIME OF INJURY Month, Haur a m.		- Inch	CE OF INJURY (Home, form ory, street, office bldg., etc.	. [20f. (City or tawn)	(County) (State)
p, m.	19 While Nat v	Allii@	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1	
21 I certify that (I) (this	haspital) attended the a	deceased from	11-97 . 19	CO to 11-(4	, 19(2), that (I) (we) last
saw the deceased alive	an 11-14 196	2. and that de	enth accurred at 3%	M, from the causes ar	nd on the date stated above
22a. SIGNATURE					22b. DATE SIGNED
is less	02,4200	2 - 1 - M		TO STAFF	11-15-60
22c. PHYSICIAN'S NAME (Type)		61	22d. ADDRESS		./
WIL.	BUR R. ELL	15	SALISA	BURY, MARY	ILANO
23a BURIAL, CREMATION, 23b DA'	4 1 1	ME OF CEMETERY		23d LOCATION (City, tawn,	ar caunty) (State)
BURIAL 11-	17-60 57.1	MARY EP	15 COPAL	HOCOMOKE C	CITY MARYLAND
24 FUNERAL DIRECTOR'S SIGNATUR	ADDI	RESS	25a REC		ISTRAR'S SIGNATURE
JOHNT N. UNG	sen Hocon	noKE CITY	MD, DATE		

in By the funeral director, and 2 shauld be filed with after death. Page 4 TO HOSPI TO HOSPI TO A DESCRIPTION OF PHYSICIAN: The low requires that the death certificate be executed within 24 km may be reached by the hospital are attending physician.

The FUNERAL DIRECTOR: After this amplificate has been signed by the attending physician and nampletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or remayal, and in any eventy within 272 hours after death.

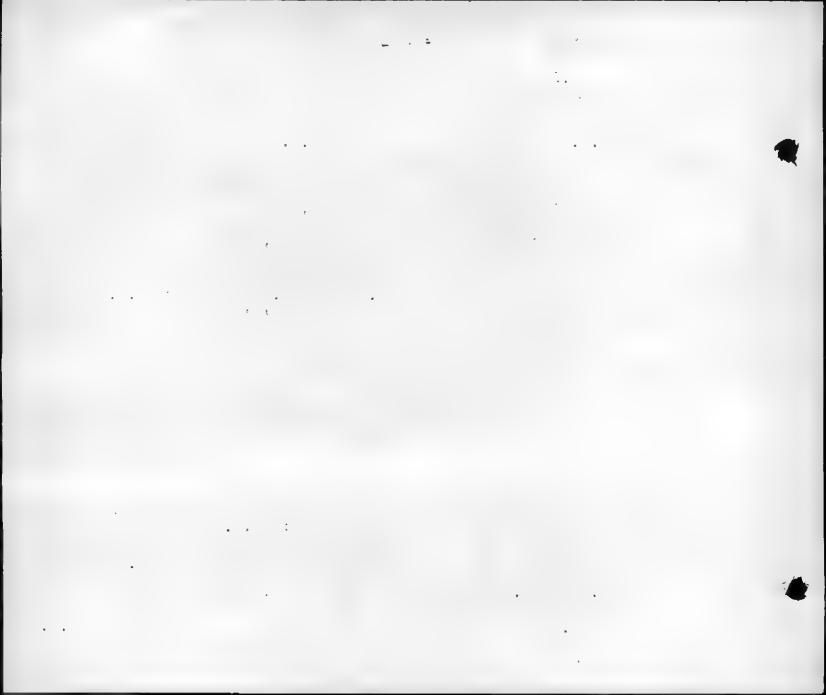
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Ų	M M	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, with 72 hours after death.	
OSP	y be	Slot	
TO H	O F	po the	
IO HOSPI DR ATTENING THYS III. The tow requires that the death certificate by executed within 24 profile death. Page 4	Xy may be led by the haspital or attending physician.	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar removal, and in any great, when 72 hours after death.	

ofter death. Page 4

		7 / (
	PLACE OF DEATH o. COUNTY	Wicomico		MARY		USUAL RESIDENCE	(Where deceased yland	b. COUNTY		
	RURAL and give ne	outside corporate limit grest town) Pittsv111		c, LENGTH OF STAY	IN JP	P1t	(If outside corpore		RURAL and give nea	rest fown)
	d NAME OF HOSPITA	AL (If not in hospital, g		address}		d. STREET ADDRES	S			o. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	CAS	RIE	Middle	G	ARTNER	4. DATE OF DEATH	NOV	TMBFR	y Yeor 5 1960
5	SEX B'emale	6. COLOR OF RACE	7 MARR	DIVORCE		DATE OF BIRTH	1870	AGE (In years last birthday) 90 yrs	Months Bys	IF JNDER 24 HRS Hours Min.
	during most of work	N (Give kind of work of ing life, even if refired) NK The Hon)	KIND OF BUSINESS O \hat{F}^{T} O $\Omega \oplus$		Brookl;	yn, New			WHAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAID				
	John Eri	3				Johanns	Meriss	enhelt	er	
		IN U. S ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO		unirles.		er(Son)" H.D.#	
		TH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO Ty, which (b	Ch	ne for (o), (b), and (c)		titis			ONS	RVAL BETWEEN EET AND DEATH 3 Years
CERTIFICATION	Na	alites n	LUC	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE T	ERMINAL DISEASE	CONDITION GI	VEN IN PART 1(a) 1	9 WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature of injur	y in Part I or Port	(I of item 18)		
MEDICAL	20c TIME OF INJURY Hour o_m p. m.	Month, Day, Yes	While	NJURY OCCURRED Not while at work	facta	E OF INJURY (Home, y, street, office bldg.	form, 20f (City etc.)	or town) N/A	(County)	(Stote)
	saw the deceas 22a SIGNATURE F.Z.AM 22c PHYSICIAN'S NAME (Type)	ed alive an Mark Lewen r. Frank I	r./ R.L.	is	that dec	ATTENDING XX 224 ADDRESS Willer	MED. DIRECTOR ds, Mar	staff D	Nov.	22b DATE SIGNED /1960
	REMOVAL (Specify)	Nov. 9	11960			metery-M	iddle W		(u frs)	
	FUNERAL DIRECTORS	s signature & COMEA_T]	7	ADDRESS SALISBURY	I-AR	YLAND DATE	NOV 9	0	ISTRARS SIGNATUR	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

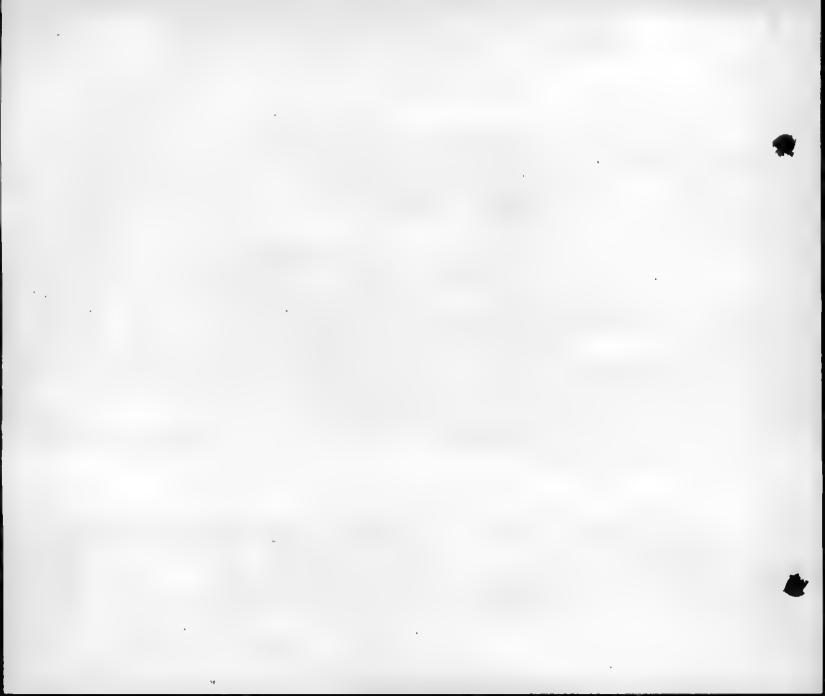
13159

(State)

26 DATE SIGNED

Page directo) 1	PLACE OF DEATH 2 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a STATE COUNTY MARYLAND A COUNTY MARYLAND
death.		b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)
fter further shault	, [d NAME OF HOSPITAL (If not in hoppital), give preel address) or INSTITUTION or INSTITUTION
9d 2		67122114 ASDIA
es lon	3	NAME OF DECEASED (Type or print) (12/15) To Middle CAHOS DATE Month Day Year 1960
etely f r. Pag fer de	5	SEX
camp papers aurs af	1	Oa. LSUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTYPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY:
n and arbon 72 h	1;	2 FATHER'S NAME 14 MOTHER'S MATTER NAME
icate rsicial ve co		John Wainwright Evelyn Jones
n certifing phy e remo	11	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Ver A of the fundamental lift you give wor or dates of services 19-05-35127 LOUISE WEIM WKI9ht 19-05-35127
death		18. CAUSE OF DEATH [Enter only one cause per tine to: (a), (b), and (c) PART I, DEATH WAS CAUSED BY,
the of the of	1	IMMEDIATE CAUSE (O) DE GO CHO - DNEU MONTY
that by t iit. T al, a		Conditions if any, which PU NONARY, Metastatic CARCINOMA 3 WITH
gned perm emov		gave rise to immediate cause (a), stating the under DUE TO
cian.	2	13 ng couse last) (c) TOEND TROUD ON 17. PRAST 2 40 17.
the laysing physical physical phas be rial-tra	ACIE A US	YES NO
tan: I	CEOTIC	OR CONTRIBUTING CI CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
or officer or over or	1401034	20c TIME OF INJURY Month Day, Year 20d, INJURY OCCURRED Haur a. m. While Nat while factory, street, affice bldg, etc.) b. m 19 at work of work of work
spital spital rer th rior i	1	2) I certify that (I) (this haspital), attended the deceased fram. 17 NOV 1948 to 24 NOV 1960 that (I) (we) last
R: Aff		saw the deceased alive an 24 NOV 1960 and that death occurred at 11.5m, from the causes and an the date stated above
by the det		220 SIGNATURE ATTENDING MED STAFF PHYS IN SIGNATURE DIRECTOR PHYS PHYS IN SIGNATURE DIRECTOR PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS
DIRECTOR OF STREET		THIT CLAN S NAME (Lyde) Appress
SPITERAL Services 3 share are Bo		RICHARDH DAUNDERS, WANTICOKE MO
HOY FUN	2	BURIAL CREMATION, 236 DATE THEREOF 1234 NAME OF GEMETERY OR CREMATORY 234 DOCATION IS by. town, or couply)
5 5 5	2	FUNERAD DIPECTOR'S SIGNATURE 25h REGISTRAR 25h REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/59		CJI W Roserds, BIVE/(18) 1 15 DATE DATE CITILLY S. Krases

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ofter death. Page 4

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h TO HOSPII

VR A15 (4) 1SM 9/59

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	4=1(111114-1			
1. PLACE OF DEATH S. COUNTY	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY	Residence before admission)
Ucconico	MARTEAND	That		Tuc.
b CITY OR TOWN (If outside corporate I mits, write RBRAL and give nearest town)	c LENGTH OF STAY IN 16	CITY OR TOWN (IF of	utside corporate limits, write RU	RAL and give nearest town)
Darisbury	10 cht	* NEWY		
d. NAME OF HOSPITAL (If not in hospital, give street a	Ha apetat	d. STREET ADDRESS		e is residence on a farm? Yes □ No 🔀
It kensula exercial	The wifee the Co			123 NO 8
3 NAME OF DECEASED (Type or print)	Middle	Ehno a m	4 DATE Month OF DEATH Yourne	3 1 2 2 1 2
S. SEX 6 COLOR OR RACE 7 MARRII	ED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (n years	FUNDER TYEAR IF UNDER 24 HRS
MALE NO. GRO WIDOWEL	DIVORCED	Mar 14 188	72 72 yrs	Months Doys Hours Min
100 USLAL OCCUPATION (G've kind of work done 10b K during most of working life even if retired)	IND OF BUSINESS OR INDUS	STRY 11 BIRTHILACE (Stote of	or foreign country)	12 CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME	10 re	14. MOTHER'S MAIDEN N	AME	24 1 . /
elntrow		In	atmores	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. [Yes. no ar unknown, [If yes. give war or dates of service]	OCIAL SECURITY NO 17 IN	FORMANT.	In haddre	m) Dolmer
ON!	10000	Wyvyu	, word.	To Johns
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a) (b) and (c).]	6 T an		INTERVAL BETWEEN ONSET AND DEATH
DUE TO	7-11-0	W . O . A .	0.0	1
Conditions, if ony which (b)	mbois muld	He Cerebral Cri	teny aft	150 bys
couse (a), stoting the under- lying couse lost. DUE TO	Derio relevi	tric. V. D.		?
PART II OTHER'S GNIFICANT CONDIT ONS CO	ONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY
B Now.				PERFORMED?
206 ACCIDENT WAS UNDERLYING 206 DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort 1 or Port II of item 18)	
	6	ACE OF INJURY (Home, farm, tory, street, office bldg , etc.		(County) (State
Hour o. m. 19 While of work	HOL WILLS			
21 I certify that (I) (this hospital) attended	ed the deceased fram	10/25/60 . 19	5 to 11/5/60	, 19, that (I) (🖚) las
saw the deceased alive an 1113 llab	19 and that d	eath accurred at/L/	M, from the causes and	on the date stated above
Stopped C. F. Farend	a.M.D	M D PHYS DIE	D STAFF	SIGNED
22c PHYSICIAN'S NAME (Type)		22d ADDRESS		
230 BURIAL CREMATION 236 DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCAT ON IS ty, town, or	county) (State)
Buray 11-8-60	linion (Zem	Alelmo	and.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25o. REC'O	NOT 9 TRAP 256 REGIS	TRAR'S SIGNATURE
1 soores /// wear		DATE		



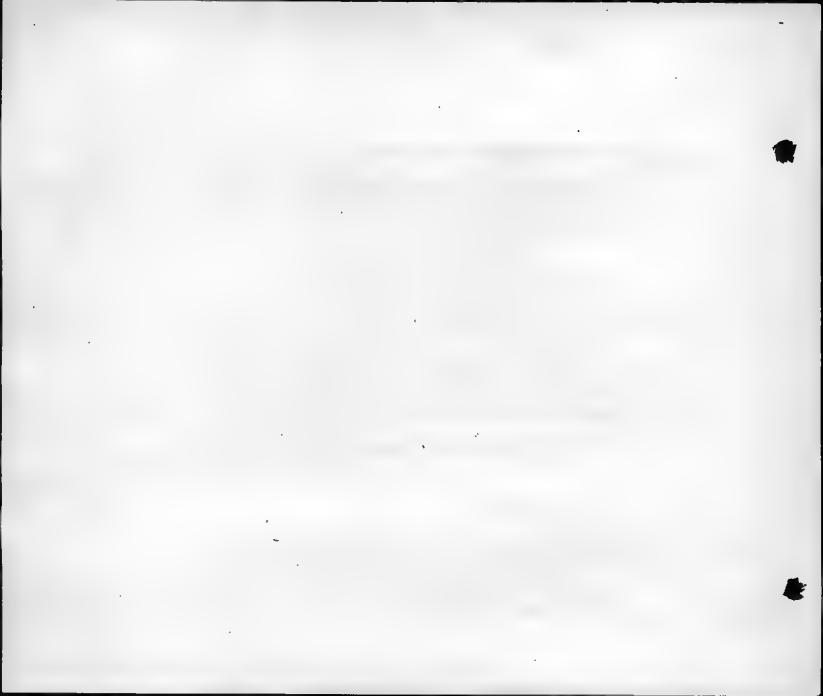
TO HOSPI

VR A1S (4) ISM 9/59

13182 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13161

	22.02.1							
	1. PLACE OF DEATH g. COUNTY			2 USUAL RESIDENCE (N			before admission	n) her /
1	Wiegmico		MARYLAND		YLAND .	COUNTY WOR	CESTE	R
	b CITY OR TOWN (If outside corpor RURAL and give nearest town)	ate limits, write c LEN	NGTH OF STAY IN 16	c. CITY OR TOWN (I	f butside corporate limit	s, write RJRAL and giv	e nearest town)	3
	Saliabunia	5	DAYS	Poco	MOKE (2 ITY	73.1	7-
	d. NAME OF HOSPITAL (IF Gat in has	pital, give street address)	d STREET ADDRESS			e. IS RESID ON A F	
,	Peningul A		papital	11 C	ENTRAL F	AVENUE	YES 🔲	
5	3. NAME OF	First	Middle	Last	4. DATE	Month	Day Ye	ar
	(Type or print)	RICE WI	ILLIam	Gran	DEATH TO D	Vember	L. 19	6D
	S SEX 6. COLOR OR	1	Let La a d a a d a d a d a d a d a d a d a	B. DATE OF BIRTH		(In years IF UNDER 1	YEAR IF JNDER	24 HRS
	mal a luhis	WIDOWED []	DIYORCED [DCT. 21 1	902 53	irthdoy) Months D	ays Hours	Min
	10a USUAL OCCUPAT ON (Give kind a	F work done 10b KIND C	OF BUSINESS OR INDUS	-	te or foreign country)	12 CITIZE	N OF WHAT CO	UNTRY?
	during most of working life, even if		LROAD	MARI	GNANH	110	S.A.	
	13. FATHER'S NAME	1 1/11	14 ((071)	14. MOTHER'S MAIDEN			3 111.	
	EDWARD G	RAY		JENN	if mas	A N		
	15. WAS DECEASED EVER IN U. S. ARM		L SECURITY NO. 17 IN	FORMANT	111110	Address		
	(Yes, no or unknown) ('F yes, give wor or		ba	oc Ana R	cons 1	I CENTRAL		UE
	NO CAUSE OF DEATH (C	1:- 5 6	-) (5) (6) 3	(2 101 1)		4060 M10KF	INTERVAL BET	WEEN!
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)					- mal	ONSET AND		
						SURT	10-	
		DUETO	2000	746	Ce		/	
	Conditions, if any, which)** gove rise to immediate	(b)	many (a was	A CK + Tras	-7		
	couse (a), stating the under-	DUE TO	0					
	lying couse lost.	(c)						
	PART IN OTHER SIGNIFICAN	T CONDITIONS CONTRI	///	. (41	MINAL DISEASE COND	TION GIVEN IN PART	I (a) 19 WAS A. PERIOR	JTOPSY MED?
	3 luliumany l	miflingen	a + fittos	12: T/ksen	seric /41	moeses	YES	NO []
200 ACC DENT WAS UNDERLY NG 2016 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				in Port 1 or Port II of ite	m 1B)			
					_			
	20c TIME OF INJURY Manth, Do			ACE OF INJURY (Hame, for) (Co	unity)	(State)
	P m		t work					
	21 I certify that (I) (this ha	ospital) attended th	e deceased fram.	11-1	1960, ta 1/-	· Z- 19icl	that (I) (w	e) last
	saw the deceased anve on	1	9 , and that a	leath accurred at 22	YM, from the co	uses and an the	date stated o	above.
	220 SIGNATURE	(_V '					22b	DATE
	a X X Uned	Line lung	~	M D PHYS	MED STAFF		11/	SIGNED
	" 22c PHYSICIAN'S NAME (Type)			22d ADDRESS		1	1	7-
8	DAUI	DJ. GILI	MORE	SALIS	BURY, M	ARYLANI)	
,	23a. BURIAL, CREMATION, 23b DATE	THEREOF 23c. /	NAME OF CEMETERY O	PERMANAN	23d. LOCATION (Ci	ty, town, or county)	(State)	
	BLIRIA W	8-60 5	SALEM N	TETHODIST	Pocomok	CE CITY In	MRYLI	MND
	24 FUNERAL DIRECTOR'S SIGNATURES		DDRESS			256 REGISTRAR'S SIGI		
	Juny 54.21	alson Poc	omoke Ci	Ty (m) DATE	NOV 9 '60	Cather &	Kines 4	
			O HO INC WIL	1	KUI V VV	Colomit V) Phone.	



DATE DEC 1

IS RESIDENCE

ON A FARM?

YES NO TX

Year

29th1960

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO X

22b DATE SIGNED

(Stote)

Doys

S

(County)

J 1 2 8 Hours

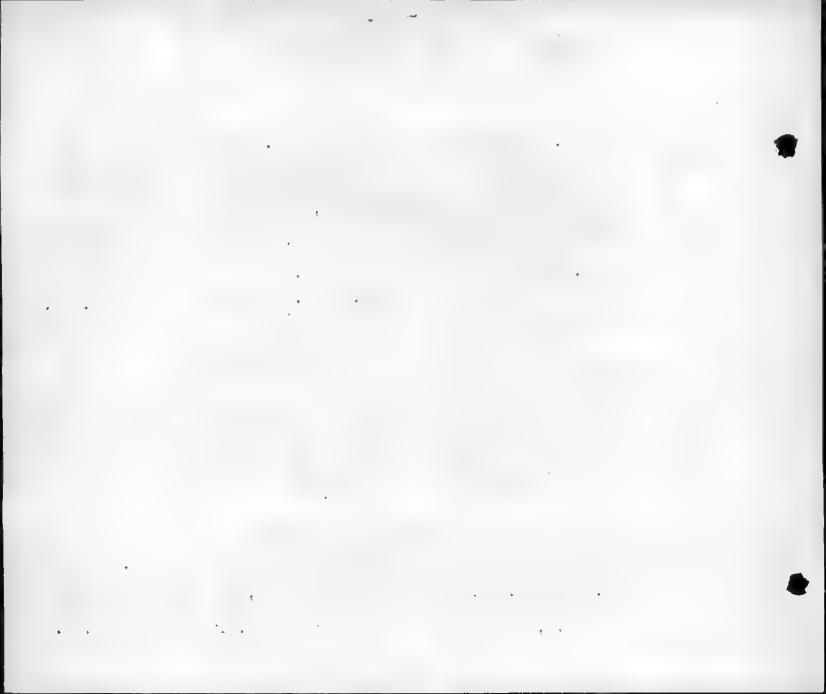
SALISBURY

MARYLAND

director - Per funeral Poges papers puo Dog C. physician b attending please burial-transit physician belln cremation RECTOR 5e NUMERAL 57 page 3 the State 0

VR A15 (4) 15M 9/59

HOLLOWAY & COMPANY



Reg. Dist. No.....

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 troutes after death. The bottom copy may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this	certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this	death certificate assembly should be detached for use as a burial frankit permit
the d	filed	6	
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돌	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
	COUNTY Wicomico		7.5		h 17	
Ε	CITY (If outside corporate limits, write RURAL	MARYLAND 1 LENGTH OF STAY		orete fimits, write RURAL e	Wicomi	
funeral director,	OR end give neerest town) TOWN Nardela	(in this place) 84 yrs	X TOWN Marc			
ूं है	HOSPITAL OR INSTITUTION OR		STREET ADDRESS		ve location)	
<u>r</u>	STREET ADDRESS , rid e "i.		VOOCES PLI	lge St. 8		٠ ،
2	3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mo	nth) (Day)	(Yeer)
ŧ	(Type or Pont) Cora E	Fisak-th -	Topkins	DEATH	Nov 14	19 60
þ	5. SEX 6. COLOR OR 7. SINGLE, N. RACE. WIDOWEL	ARRIED, 8. DATE C	F BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.
. <u>Е</u>	HI RACE TO WIROWER (Specify)	0et 2	1876	₽4 yrs.	Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSUMISURESS	KIND OF BUSINESS OR INDUSTRY US GOVT .	11. BIRTHPLACE (Slete or for	iign country)	COU	EN OF WHAT NTRY?
Z ST	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		• 10 •
	Noah Bennett		mary bra	dlev		
la la	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT &	U	•	
o =	(Yas, no or unk.) (If Yes, give wer or dates of service)	No	Alma may	rence Pet	+	p 1 57 c4
Z iz	18. MEDICAL CERTIFICATION					ERVAL BETWEEN
5 0	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	G TO DEATH			ONSET AND DEATH	
15 % A DIMMEDIATE CAUSE (A) Coronary Achies				346		any_
bys use	ANTECEDENT CAUSE(S) DUE TO	1				ı
n.ė	DISEASES OR CONDITIONS, IF ANY, (B)	· · · · · · · · · · · · · · · · · · ·				
g di	STATING UNDERLYING CAUSE LAST. DUE TO					
Ch.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
de to	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
± 8		NGS OF OPERATION			1	O. AUTOPSY?
व्यर्						NO NO
shou	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY SHE (IF EITHER, NOTIFY MEDICAL EXAMINER)	te, WHERE DID INJURY OCCU		(County)	(Stete)	
certificate has been executed by the attending physician and completery fulled death certificate assembly should be deteched for use as a burial transit permit.	21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCU	JR?		
asse	22. I hereby certify that I attended the d		7 10 (ce) 10 W	AN 14 1060	that I last sa	w the decessed
ا چ م	the and KAUI 4 10 (CE)	and that doub assured at	1 P M from the	course and on the	date stated abou	- IIIO GCCCC30G
has	BIGNATURE STS TRUE	excuse a	ADE کے کے	RESS (Street, city, tow	on, slete)	DATE SIGNED
sertifi Super	F. S. Kuhlman	M, D,	Sharpi	nm 748		11/15/las
ificat th ce	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, fow	rn, or county)	(Stete)
deat A15C	REMOVAL (SPECIFY)			[[Craela		
VS A	24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES	Š
1.	DATE NOV 1 8 '60 Chalma 2. 1	Trans		324 7	52 . n. L	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13164

12107

PLACE OF DEATH o. COUNTY Jicomico	MARYLAND		Where deceased lived	b. COUNTY 12.4	ce before admission)
b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest fawn)	c. LENGTH OF STAY IN 16		autside corporate la disbury	imits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION OF POND ST	oddress)	d. STREET ADDRESS	Pond St	,	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print)	Middle TARY	FURLEY	4. DATE OF DEATH	Month MOVER HER	Doy Year 19 1960
S SEX 6. COLOR OR RACE 7 MARK		B DATE OF BIRTH Oct. 20,1	1er	GE (In years IF LNDER st birthdoy) Months 77 yrs.	1 YEAR IF UNDER 24 HR Doys Hours Min
10a USLAL OCCUPATION (G ve kind of work done 10b during most of working life, even if retired) House Work at Home	KIND OF BUSINESS OR INDU None	STRY 11 BIRTHPLACE (Sta		·	ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14 MOTHER'S MAIDEN			
J mas Ailson		Matilda			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes no or unknown) (If yes, give wer or dates of service)	SOCIAL SECURITY NO. 17, U	r.Silisbu	ry, ry)	y (which and)301 : cnd
1B. CAUSE OF DEATH [Enter only one couse per li PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), and (c).]	artero	selvor	<i>5</i> .	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)					
PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER!	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COI	ADITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPS PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury)	n Part 1 or Part II of	item 1B)	
Hour o.m. While	t-	ACE OF INJURY (Hame, factory, street, office bldg.,		wn) (C	County) (Stat
21 I certify that (I) (this haspital) attems saw the deceased alive an			M. from the	- / / /	, that (I) (we) lo
220 SIGNAZORE MED. STAFF DIRECTOR PHYS 10V. 2 10V. 2 150V.					
22c. PHYSICIAN'S NAME (Type) Dr. Andrew C. 1	44-64-977	22d. ADDRESS	S Are. S	Saltahymr,	ryland
23a BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION	(City, town, or county)	(State)
REMOVAL (Specify) NOV. 22, 1960	Wicomico A.	em.Park.	Solich	wry, Maryl	and
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR	256 REGISTRAR'S SIG	GNATURE
HOLLOMAY & COLLAMA	T.T.TRILLAY D.A	RYT.AND DATH	NV 2 2 160	0.71 - 9	Harris A.

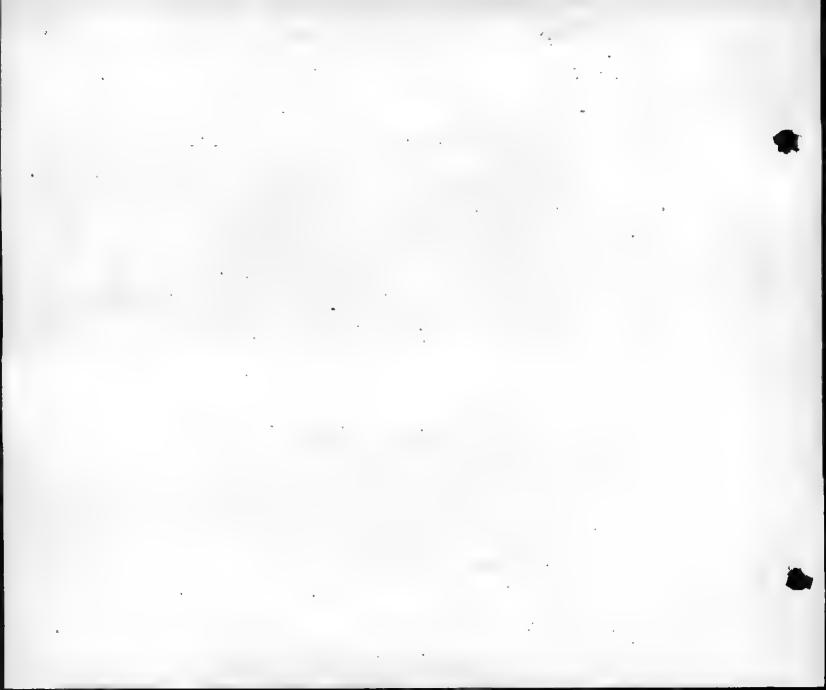
TO HOSPITE DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 har after death. Page 4 may be reto ned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 57 the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, withmu/2 hours after death

VR A1S (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1. PLACE OF DEATH o. COUNTY LITCOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Manyland b. COUNTY Jicomico				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALLSDURY	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 307 Oh10 Ave	d. STREET ADDRESS o is residence on a farm? YES \(\text{NOV} \)				
3. NAME OF First Middle DECEASED (Type or print) CHARTES LEF J(CHI'SON 4. DATE Month Doy Year OF DEATH NOVEMBER 3rd 19 60				
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED X DIVORCED N	B DATE OF BIRTH April 1, 1874 P AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min 7 2				
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRIES OF IND	Worcester Co.Maryland U.S.A				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Mary Flizbbeth Shockley NORMANT S. Harriet Balderson(Prochter)307 Ohio Ave. a lisbury i ryl nd				
Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost	INTERVAL BETWEEN ONSET AND DEATH				
CATIC	NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO				
	D. (Enter nature of injury in Part I or Part II of item 18.)				
Haur o. m. N/A 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State ctory, street, office bidg., etc.) N/A				
saw the deceased alive an	death accurred at AM, from the causes and on the date stated above M. D. ATTENDING MED. STAFF NOV. ATTENDING MED. PHYS NOV. 1206 ADDRESS 22d ADDRESS Salisbury, Maryland				
23g BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O					
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOTIO "Y & COMESTY SILLIBURY "IA	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE KYT AND DAHOV 7 '60 O Thun 8. Frank				

Jafter death. Page 4 DR MITENBILLS PHYSICIAN: The law requires that the death mertificate be exempted within 24 TO HOSPI

VR A1S (4) 15M 9/59



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VS. A15ME

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CERTIFICATION

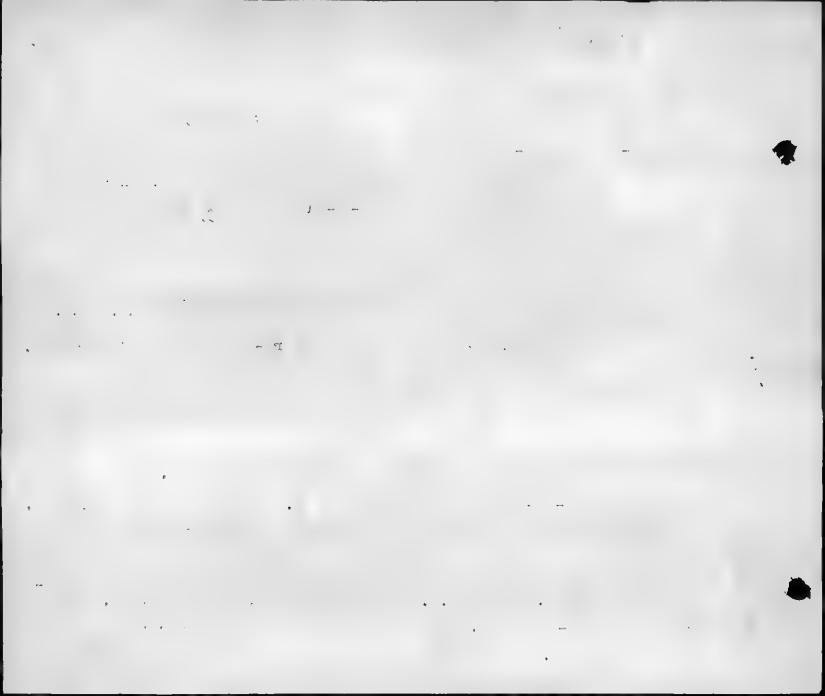
YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if just lution, Residence before admission) a. COUNTY b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outs da corporata I m ts, write RURAL and give naarest town, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? T's a respita Dr # 1 2 19 - 7 YES NO NAME OF DECEASED TITTE (Type or print) WIRRT TERIT TET TOV DEATH 19 6 COLOR OR RACE, 7, MARRIED T NEVER MARRIED 5 SFX 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) , Months WIDOWED IX rch D.VORCED 106 KIND OF BUSINESS OR INDUSTRY: 11, BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan If ratirad) openette Co. Marvi and JOURS JORK t HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eropu 7. Ipiffin M(Sonah) Darkes 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 (Yas, no, or unkown) i (Ifyasg vawarordatesofservica) 18. CAUSE OF DEATH [Enter only one cause parline for (a), (b), and (c). INTERVAL BETWEEN CHISET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (b) gave risa lo immadiala cause DUE TO (a), stelling the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (19) 19. WAS AUTOPSY PERFORMED? NO E 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of Injury In Part I or Part II of Itam 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 29e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (State) factory, street, office bldg., etc.) Not While 10-26 10 60 al work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 7 death resulted from: Natural causes Accident . Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S at Address (Street, city town or county) Camden Ave Saliahijnu 22c. NAME OF CEMETERY OR CREMATORY 228, 8URIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) ווחיים] no Church Jen tery -1.0.# 24a. REC'D BY REGISTRAR : 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Lucian S. Trans



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admiss y is necessary, I director, Page or your files, a. COUNTY a. STATE b. COUNTY MARYLAND Wicomico b. CITY OR TOWN (if outside corporate I mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give man in tow). wr to RURAL and give nearest town) Day Wilhelmisheron, Germany Galisbury

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ó Boar e. IS RESIDENCE ON A FARM? retained I YES NO 🔀 Aboard-Freighter-Consul Horn death. 3. NAME OF A. DATE Year DECEASED OF 3 to the the (Typa or print) DEATH Alvin 11-28-60 ¥ih 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER I YEAR IF LINDER 24 HRS. may 2 will age 5 may 1 and 2 wi 72 hours asl birthday) | Months Days and DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country, 1 12. CITIZEN OF WHAT COUNTRY? Page s 1 an done during most of working life, even if retired) Pages Chief Engineer Shipping Hamiburg, Germany File pages Germany P.M.3. 13. FATHER'S NAME Give Unknow Unknow form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) . (If yes give wer or deles of service) Consul Horn Freighter records (Passport with Caravel Shipping, certificate should be executed 26 Broadway 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN I-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) Fractured skull with intra-cranial hemorrhager's Office s a burial-1 removal, Office DUE TO "pending" gave rise to immediate cause the word "pending Medical Examiner's DUE TO (e), stating the underlying 8.5 cause last. pesn Medical Examination of the second control of PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19, WAS AUTOPSY PERFORMED? NO MEDICAL EXAMINER: This 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Fell down ladder to engine room.
20d. INJURY OCCURRED - 20 - PLACE OF INJURY (Home, farm, 201. (City or town) 20c. TIME OF INJURY 0.0 Month, Day, Year (County) (State) factory, street, office bldg., etc.) 0 0 0 Not While the R: P: Aboard ship Salisbury Wicomico Md. 21. I certify that I took charge of the remains described above, held an Autopsy 17 Inspection 3 Inquiry Y Oa and in my opinion forwarded to DIRECTO death resulted from: Natural causes Suicide Homicide Undetermined manner Accident lease execute the c should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER [ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER 11-30-60 EXAMINER'S NAME (Type) 07 Cantil of real Active own, 32 TH sbury Md DEP 22a, BURJAL, CREMATION REMOVAL (Specify) J.WM. Lee's Crematory Washington, D.C. 40 9 O Cremation α, 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Hill & Johnson Co. Salisbury, Maryland Orthung S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH ALTIMORE 1, MARYLAND TH

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1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on)
o. COUNTY WICE MARYLAND	o. STATE Md b. COUNTY Somerset
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside corporate limits write RURAL and give nearest town)
RURAL and give neorest town)	Monie 14x -?
d. NAME OF HOSPITAL (If not in hospital give street oddress)	d STREET ADDRESS e S RESIDENCE
Te venseeva Turesca Hospilal	ON A FARM? YES NO THE
3 NAME OF First Middle	Last 4. DATE Month Day Year
OFCEASED (Type or print) E/123/2et/	MAWSON. OF DEATH // 12 1960
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 4 1 3 Wonths Doys Hours Min.
100 USUAL OCCUPATION (G've kind of work done 10b KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stote or fareign country) 12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Md. 21.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George J. Lawson	1/3ncy.)Ter//na
15 WAS DECEASED VER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO (7 to 10, or unknown) [1] (1) yes, give wor or dates of service)	NFORMANT, Address 771)
1/1/2	rs. Jack 1374271 HLLen 11d
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DO GONOLOGY	in the will with and the conduction
The state of the s	The state of the s
Conditions, if any, which) (b)	
gove rise to immediate DUSTO	
lying couse lost.	
	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
TI T	YES NO
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or Port II of Item 18)
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote)
Hour o. m. 10 While Not while	ctory, street, office bldg , etc.)
	11-1
21. I certify that (I) (this haspital) attended the deceased fram.	The state of the s
saw the deceased alive an	death accurred at 21 M, from the causes and an the date stated above
1 , 2 , 2 / 2 / 2 , 1 .	ATTENDING MED STAFF SIGNED
22c PHYSICIAN'S	M D PHYS DIRECTOR PHYS 1 1 12 (4)
NAME (Type)	TEN UNAUFOO
The same of the sa	
23g BURIAL, CREMATION 23b DATE THEREOF 23c ME OF CEMETERY.O	OR CREMATORY 23/20 AT ON (City town, or county)
1207121 11/10/60 UF10/6	- /) 12/10/E 17/3.
FUNERAL DIRECTORIS SIGNATURE	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
HE WON NUMBER TIUNCON	Antal nate

TO HOSPITE IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 har after death. Page 4 may be reformed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic on and completely field in 57, the funeral director, page 3 should be detached far use as the burial-transit permit. Then pleas remain and appears. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in one event within 72 hours after death event within 72 hours after death

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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TO HOSPITE RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harmoffer death. Page 4	may be recorded by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 5y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the Salle Loard of Health prior to burial, remanation, or removal, and in any event, within 72 hours after death.	N
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	may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I the SIII and any event, within 72 hours after death the SIII and any event, within 72 hours after death	
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VR A1S (II) 1SM 9/59

1 PLACE OF DEATH o COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) 9. STATE b. COUNTY/
WICOMICO MARYLAND	MARYLAND NOCCESTER.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Share Shares	SHOWELL
d NAME OF HOSPITAL (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
FENINGUEA GENERAL HOSFITAL	ON A FARM? YES NO
3. NAME OF First Middle	Last 4. DATE Manth Day Year
(Type or print) ATIS E	LECATES DEATH NOUEMBER 21 1966
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE [In years FUNDER 1 YEAR FUNDER 24 HRS.
F-MAL WIDOWED DIVORCED	HUG. 18, 1885 ost birthday) Months Days Hours Mn
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired)	D- NI-REN 11CA
HOUSEWIFE DWA HOME	14. MOTHER'S MAIDEN NAME
EBENEZER WAIN WRIGHT	HESTER JARVIS
15, WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 IN	IFORMANT Address
(1'es, no or unknown) (1' yes, give wor or dates of service)	RS. JOHN SHOCKLEY BERLIN MID
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eccephalities (where
DUE TO	
Conditions, if any, which	
gove rise to immediate (b).	
Luine course lost	
, (1)	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?, YES \(\text{NO} \) NO
200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Atule Pilot Atule	ctory, street, office bldg., etc.)
	1- 11 hat 21 10
21 I certify that (1) (this haspital) attended the deceased from	2. 16 1966 to 1/60 d. 1960 (that (1) (we) last
	leath accurred at L. M., from the causes and an the date stated above
220 SIGNATURE	ATTENDING A AMED STAFE A SIGNED
X land Freewere	M. D. PHYS DIRECTOR PHYS 1/2/6 (SIGNED
22c. PI(YSICIAN'S NAME (Type)	22d. ADDRESS
Teams (Type)	
23a BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City town, or county) (State)
REMOVAL (Specify)	1 a Ma
10 URIAL 11/2 4160 UDD 18	
Children Director Stignature	NOV 28 60 Orthur & House
Janua of January	DATE



VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 131

r 3	Y6-	TOTOX			101.7
		PLACE OF DEATH B. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution	Residence before admission)
-		licomico	MARYLAND	a. STATE Vir inia b. COUNTY	
4	1	b CITY OR TOWN (if outs da corporata limits, c.	LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate I mile write RURAL a	nd give rearest town)
	/	write RURAL end give nearest town) Selisbury		Quantico	ソース
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	, a ve street address)	d. STREET ADDRESS	' . IS RESIDENCE
		X. W Pan. Gan. Hosp		(Arrina J mn)	, ON A FARM?
	,	NAME OF First	Middle (YES NO
	2	DECEASED		OF	Day Year
				I.ORD DEATH NOVELLS IN	19 19 60
	5	SEX 6 COLOR OR RACE 7. MARRIED		DATE OF BIRTH 19. AGE (In years If UNDER last birthdey) Months	
	_	hite WIDOWED		T.14,1940 20 ym.,	Jay 1 Hours
		USUAL OCCUPATION (G ve kind of work 10b. KND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
		U.S. Marines -Transporta	tion-	Falls River, Mass	USA
\	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-
1		Ten F.Iord		Dorothy M. Murray	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	CIAL SECURITY NO. 17, I		Transition City
		is, no, or unkown) (Ifyasgivewarordatasofservice)	l, ž.	SIL T H. Tord (Father) 19	Wicomico St
		18. CAUSE OF DEATH [Enter only one cause per line if	for (a), (b), and (c).)	. Lichury Varyland	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
		IMMEDIATE CAUSE (a) Fra	cture_dislo	cation of cervical spine	Sudden_
		DUE TO			
		Conditions, if any, which (b)			
		gave rise to Immediate cause DUE TO			
		cause last. (c)			
:47	NO O	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(0) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION				YES NO X
	Ě	200. EXTERNAL CAUSE WAS DESCRIBE FRIMARY CONTRIBUTING	HOW INJURY OCCURED. (E	ntar nature of Injury in Part I or Part II of item 18.1	****
	ő	CALICE OF DEATH	r can that	ran off road.	
	3	200 TIME OF INTERNY Month Day Year 1 2Dd INTE	TOV OCCUPRED 200 DIA	CE OF INHIBY (Home form 20) (City or lown)	unity) (State)
	MEDICAL	TO Hour a.m. A Trill / TO 60 at work F	Not While Factor	v. St. Ext. Rural-S: 11 Sury(ico.) Pil.
	2	21 I certify that I took charge of the remain			and in my opinion
			-000		
		death resulted from: Natural causes .	Accident K. Suici		
		5 1 6		CHIEF MEDICAL EXAMINER	
		SIGNATURE	<u>~</u>	M.D ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		EXAMINER'S P. 171 L. 10 VOL	2	DEPUTY MEDICAL EXAMINER	In a la
		NAME (Type) (7 JOH1 AVA.		Address (Street, city, Iown, or county)	21 / 1950
	221	REMOVAL (Specify)	. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country)	ry) (Stelle)
		Burial Nov. 22, 19/0	P moons C	emetery Slichury, N.	ryland
	23	FUNERAL DIRECTOR	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
5	H	ULLE AY & COI-1 .Y SATT	2 H2. 4A 1 - 3A	L41 D 000 22'60 Outling 8 to	CALLA .



After this

the registrar within N. Muurs after death. After in by the funeral director, the third-copy of

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled / death certificate assembly should be detached for use as a burial transit permit.

death certific VS A15C 1.55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 13223

13172

Reg. Dist. No ...

1. PLACE OF DEATH			2. USUAL RESI	DENCE (HOME) OF D	ECEASED	works the second of the second of					
COUNTY WICOM CITY (If outside corporate limits, OR end give nearest lown) TOWN	, write RURAL	MARYLAND LENGTH OF STAY (in this place)	OR *	orporate limits, write RURAL	mid give nearest fow	<u>C</u> O					
HOSPITAL OR INSTITUTION OR	rdela	1 4 days	STREET ADDRESS	harrtown Hain & L.P.	iva location)						
DECEASED	Shade Nus (REL Philli		(Last)	4. DATE (Mo OF DEATH	Nov. 2	(Year) 4 , 19 6 C					
female White	7. SINGLE, MARRIEL WIDOWED, DIVO	orced,	1, 7 7	9. AGE last birthday yrs.	Months Days						
10a. USUAL OCCUPATION (Giva kind done during most-of working life retired)	d of work 10b. KIND OR I	OF BUSINESS NDUSTRY	11 BIRTHPLACE (State or		12. CITI	ZEN OF WHAT JNTRY?					
13. FATHER'S NAME ROlland Smith			Virgie F	hill s							
15. WAS DECEASED EVER IN U. S. (If Yes, giva war		6- 3-50-5		o e, am ro							
AMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LA TI OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSE (A) 4 9 2 CONTINUA BETWEEN ONSET AND DEATH ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
DISEASE OR CONDITION CAUSING	196. MAJOR FINDINGS O	F OPERATION				20. AUTOPSY?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. TIME OF INJURY (Month) (December 21d. TIME OF INJURY)	TH OF INJURY street, of R) Year) (Year) (Hour) 21e. I	NJURY OCCURRED	21c. WHERE DID INJURY O		(County)	(State)					
	M. et wor	k et work		724 1 2 11							
22. I hereby certify that alive on war alive of the service of the	., 19 (00) , and 1	that death occurred a findle, M.D. NAME OF CEMETERY OF HITEM. ens	S Lufs	DDRESS (Street, city, town 7844) LOCATION (City, town Sharpto	date stated aboven, state)	OVE. DATE SIGNED (State)					
24. REC'D BY REGISTRAR YOY 2 8 '60 DATE	REGISTRAR'S SIGNATURE Orthur S. Hrs	uu4	25, FUNERAL DIRECTO	R'S SIGNATURE	ADDRE:	ss +- , d					



execute I within III house after death. Page 4	•	ond completely filled the funeral director,	rban popers. Pages I and 2 should be filed with	72 hours ofter death.	i
TO HOSPI RETTENBING HYS IIAN: The law enquires that the Beath certificate iii executed within iii have after death. Page 4	offending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled 👚 the funeral director,	page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with	the State Board of Health prior to buriol, cremotion, or remayol, and in any event, within 72 hours offer death.	(
TO HOSPI R TITENBING INYS	may be and a by the hospitol ar offending physician.	TO FUNERAL DIRECTOR: After this ce	poge 3 should be detached for use	the State Board of Health prior to bu	

VR A1E (4) 1SM 9/59

		PLACE OF DEATH	Wicomico		MARYLAN	a. STATE		_	ived If instituti b. COUNTY	on- Res dence	before odm	ssion)	
\			If outside corporate rimits	words a 16hi	GTH OF STAY IN 1		irgin	ia	te limits, write R	I i DA. and a v	in nagrast tou	val.	
,		RURAL and give no	eorest town)		57 days		rling		ie iimiis, write k	OKAL did 9	i inegress for	*****	
	(d. NAME OF HOSPIT	TAL (If not in hospital, gi			d. STREET ADDRESS e. IS RESIDEN							
		OR INSTITUTION	Deer's Head	d Hospit	al	P.O.	Box	#12.				A FARM?	
		(Type or print)	First Fran		Middle Eleanor	McCur		4. DATE OF DEATH	Mor WOY		28	Yeor 19 60	
	5 9		6 COLOR OR RACE								YEAR IF UNE		
		Female		WIDOWED [DIVORCED	Apr11	23,18	372.	AGE (In years last p rthdoy) 88 yrs		lays Hours	1	
	100	USJAL OCCUPATION ME CI	ON (Give kind of work di king life, even if relired)	une 10b. KIND C		DUSTRY 11 BIRTHPLACE (Stote or fore gn country) Lawrence, Kansas. 12. CITIZEN OF WHAI U. S. A							
	1/3	FATHER'S NAME		*			S MAIDEN NA						
)	Jes	se Mc Cur	dy			ally A						
			R IN U.S. ARMED FORC		SECURITY NO.	ecords Of DeerS Head State Hospt.							
						_Sallsbu	rv. I	arvla	and.				
		PART DEATH WAS CAUSED BY: Hypostatic congestion of the lungs										interval between onset and death 72 hrs.	
		450	DUE TO										
		Conditions, if a	iny, which) (b)	Artei	riosclero	cic heart	diseas	e			Years	3	
		gove rise to i											
	lying couse ast (c) Arterioscierosis, generalized Ie											3	
	Z O	Past 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?											
	Parkinsonism YES To N YE												
- Approx	L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE H		RRED (Enter nature	of injury in Po	orl or Port	f of item 18)				
	MEDICAL	20c. TIME OF INJUI	RY Month, Doy, Year	While N	ol while	PLACE OF INJURY foctory, street, offic	(Home, farm,	20f (City o	N/A	(Co	ounty)	(Stote	
	*	p m.	IN/A 19		work				-0	- /-			
		21 I certify the	at (I) (this hospital)	attended the	e deceased fro	n July 2	195	2, to No	ov. 28	19.00), that (I)	(we) las	
		saw the decea	sed clive an INO	v. 28 1	ou , and the	t death accurre	عراه او او	M, from t	ne causes ar	nd on the	date state	d above	
		220 SIGNATURE	Wille	U,		M.D ATTENDIN		ECTOR	STAFF PHYS.		11/28	SIGNED	
		22c PHYSICIAN'S NAME (Type)	L. V. Ma	ldve, M.	D.	Deel Deel	RESS		ital; S	alisbu	ry, Mo		
	23a	BURIAL, CREMATIC			J. Wm. I	or crematory	8	Wash	ON (City lown, ington	or county) C	(\$1	ote)	
	24,	FUNERAL DIRECTOR HOLLOW	's signature vay & Comp		ooress alisbury	, Md.	250. REC'D	BY REGISTRA		STRAR'S SIGI			
	<u> </u>				*		1	***					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13193CERTIFICATE OF DEATH director, 3 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY . o. STATE b. COUNTY Fled Wicomico MARYLAND Maryland Dorchester funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fishing Creek 120 days Salisbury Marvaand d NAME OF HOSPITAL (If not in hospita, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUT ON Deer ON A FARM? 5 Head State Hospital YES NOVE None First M'dd e Last 4. DATE Manth Year Filled DECEASED Nanni e Raye DEATH Pages (Type or print) McGlaughlin Nov. 19 60 death 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS os birthday) Manths! Days Female White DIVORCED [WIDOWED T papers. 10a. USUAL OCCUPATION (Give kind af work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ILS.A. and Housewife pou Housewife Maryland 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME g physician remave cark within 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO event (D) edse attendin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH 효 PART I. DEATH WAS CAUSED BY: Bronchopneumonia days Then IMMEDIATE CAUSE (a) and DUE TO à permit. remayal, Canditions, if any, which attending physician. ert.ficate has been signed as the burial-transit permi gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART L. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY crematian, PERFORMED? Arteriosclerosis, generalized YES NO CERTIF 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) cert, ficate CAL 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (State) (County) Б factory, street, affice bldg , etc.) use Haur a m. While Not while. this. at work at work p. m. ď lay be rows ned by the hospitense FUNERAL DIRECTOR: After 1960 , ta Nov. 29 , 1960, that (!) (we) last 21 I certify that (i) (this haspifal) attended the deceased from Aug.] detached f 19 60, and that death occurred at M. from the causes and an the date stated above. saw the deceased alike bn 22a SIGNATURE 90 DIRECTOR [shauld 22c. PHYSICIAN'S 22d. ADDRESS Head Hospital; Salisbury, Md. Maldve, M. NAME (Type) ന 23g BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) afipd REMOVAL (Specify) Burial 0 24 FUNERAL DIRECTOR'S S GNATUR

Le Compte Funeral Service, Cambridge, Maryland, DATE DEC 9

VR A15 (4)

certificate

death

requires that the

PHYSICIAN: The

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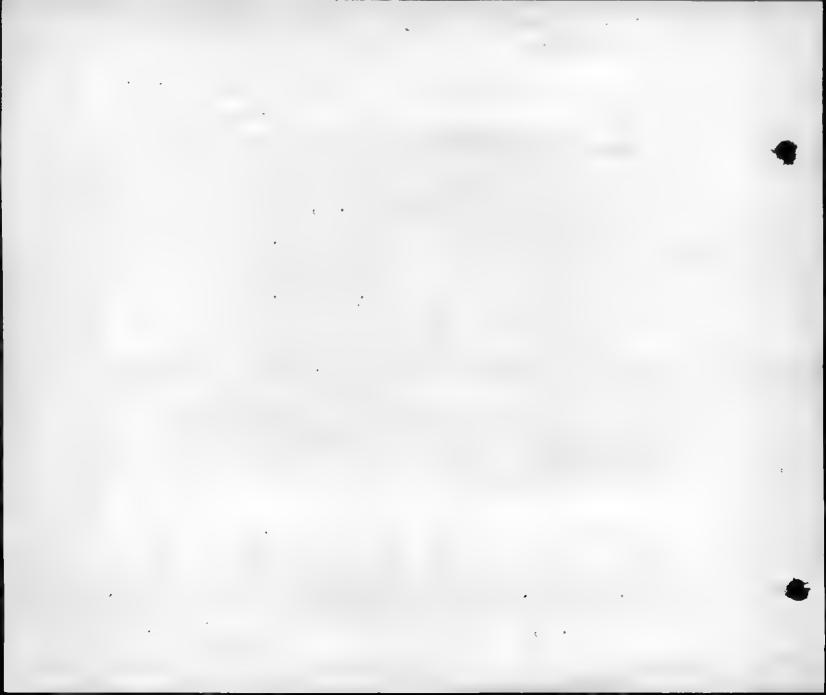
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		11	130 mice		MARY	(LAND	1	9,11	2/11		1.0	71.		
	ŀ	C:TY OR TOWN RURAL and give i	(If autside carporate limi nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpor	ate limits, write R	URAL and	give nec	arest law	m)
		SA	as bury					Jul.	buces					
П	1	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospita , s	live street	address)		d. STREET AL	DDRESS	_ /					SIDENCE A FARM?
			ursuit Lien	esel	1+ pital		. 8	5 K	Run	57				NO
	-	NAME OF DECEASED (Type or print)	That A	rst _	HONRY		Micropy.		4. DATE OF DEATH	Man A/-	1	Do	y //	Year
H			4 60100 00 000	7	***		7 47107117				IL CHIDED	1 VEAD	I E LIME	19
	5 \$	Nole	5 COLOR OF RACE	WIDOW	RIED NEVER MARRI		ug.26.			9 AGE (In years last birthday)	Months	Days	Hours	Min Min
ŀ	10a	USUAL OCCUPAT	ION (Give kind af wark	dane 10b	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLA	ACE (State	ar foreign co	untry)	12, CIT	IZEN O	F WHAT	COUNTRY
		during mast of wa	tking life, even if refired	1				,	DAIRN				A	
Y	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
1			enry Moor				Temp		U					
	15. (Yes		ER IN U. S. ARMED FOR (If yes, give wer or dates of i		SOCIAL SECURITY NO). Fines	. Matti Salisb	e J.	Moore	(Wife')	830	Bro	wn	St
Ī		18 CAUSE OF DE	ATH [Enter only one co	iuse per li	ne for (a), (b), and (c)	1								ETWEEN
П			ATH WAS CAUSED BY.		1 Cote	Co.	R Y'u	LON A	NALL				SET AND	D DEATH
Т			IMMEDIATE CAUSE (,		- 0		7 -110 0	/- /1 -			-	J 67 1	5 (->
1		4	DUE TO		0 . L.	P		. 1	.1		ol sun			
1		Conditions, if		15	P. RATION	LNE	MONLA	+10	LMONA	RY EMI	71,752.11	A		
1		gave rise to												
cause (a), stating the <u>under-</u>														
	Z	Part II O	THER SIGNIFICANT CON	DITIONS	CONTRIBLTING TO DE	ATH BUT NO	OT RELATED TO	THETERM	NAL DISEASE	COND TION GIV	'EN N PAR	₹T 1(a) T	19. WAS	ALTOPSY
	ICATIC	Chi	C. Cholecy	,		lithia.		C		. Ysteet e	· y.			ORMED?
	CERTIFICATION	20g ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED (Enter nature of	injury in l	Part I ar Part	II af item 18)				
	CAL		RY Month, Day, Ye	or 20d I	NJURY OCCURRED	20e. PLACE	OF INJURY IF	tome, farm	20f (C ty	or town)	(County)		(State
	MED	Hour a m. p. m.		While at wai	rk at work	tactar	y, street, affice	bioig etc)	The Francis	/1			
			at (I) (this hospito) otten	ded the deceosed	from.	2 V 4			101 11,				
		saw the deced	sed alive on K°	J	1963 , and	that dec	th occurred	ot 62.	M, from t	he couses on	d on the	e dote	stote	d abave
		220 SIGNATURE	him B	-	tong	M C	ATTENDING	G _ MI	ED RECTOR	STAFF PHYS	Λ,	v l		26. DATE SIGNEI
		22c PHYSICIAN'S		•	<u> </u>	74. 2	22d. ADDRE		ACC.OK D				+-	<u> </u>
		NAME (Type)	William B	.Lor	5		l'adic	-1 (Center	Soli	rudr.	v, h	r,"	lund
1	23o	BURIAL CREMAT	ON, 236 DATE THEREC		23c NAME OF CEM	ETERY OR C	REMATORY		23d LOCAT	ION (City, lawn,	or county)		(S†c	ole)
		REMOVAL (Specify		1960	Wicomic	o Ne	morial	Par	k S	lichur	v.F	Tyn	and	
1	24	FUNERAL DIRECTO		2700	ADDRESS	, , , , ,	2772 % 4		D BY REG STI					
1				v c	JACHURY	MADV	T. PID	h	OV 1 6	cn l				
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after death Page 4 may be trained by the hospita ar attending physician.

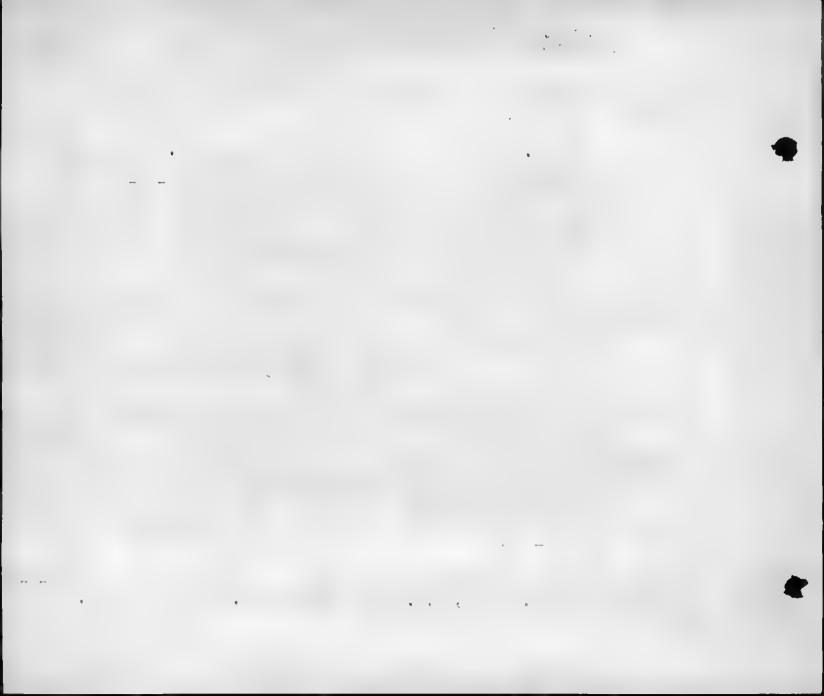
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Sy the funeral director, gage II should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death contricate by memority within 24

TO HOSP VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, ON STREET, BALTIMORE 1, MARYLAND -Item USUAL RESIDENCE (Where decessed I ved, If institution, Residence before edmiss 1. PLACE OF DEATH is ne. director. P. vour files. COUNTY a. STATE **b.** COUNTY Maryland Wicomico MARYLAND Wicomico b. CITY OR TOWN (if outs, da corporate (im ts. c. LENGTH OF STAY IN 15 write RURAL and give neerast town) Salisbury Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Moore Moore NAME OF 4. DATE Month DECEASED OF the th (Type or print) DEATH Morris [sadore COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months | Days Hours 60/**5/9** WIDOWED [E OF CE 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1/11. BIRTHPLACE (State of 12. CITIZEN OF WHAT COUNTRY? done during most of working I fa, evan if retired) FATHER S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) ; (If yes give were rdetas of service) 1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (a) Cerebral hemorrhage 10 Office **DUE TO** Conditions, Il eny Hypertensive cardio-vascular disease Years peva rise to immadiate ceuse DUE TO (a), stating the underlying PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19. WAS AUTOPSY PERFORMED? NQ P 20a EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of in ury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) 2Dc. TIME OF INJURY Month, Day, Year (County) (Stota) the Ch R: Page factory, street, office bldg., atc.) While Not While at work al work OR: P 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Inquiry X 0 forwarded L DIRECT B Natural causes X Accident Homicide death resulted from: Suicide Undetermined manner CHIEF MEDICAL EXAMINER FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE EXAMINER'S shomld NAME (Typa) Genden Ave - Balisbury. Royer. 22d/ LOCATION (City, town, or country) REMOVAL (Specify) Heres 0 6 VS. A15ME



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the funeral director, A led camplete y filled in S papers. Pages 1 and aurs after death R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 li

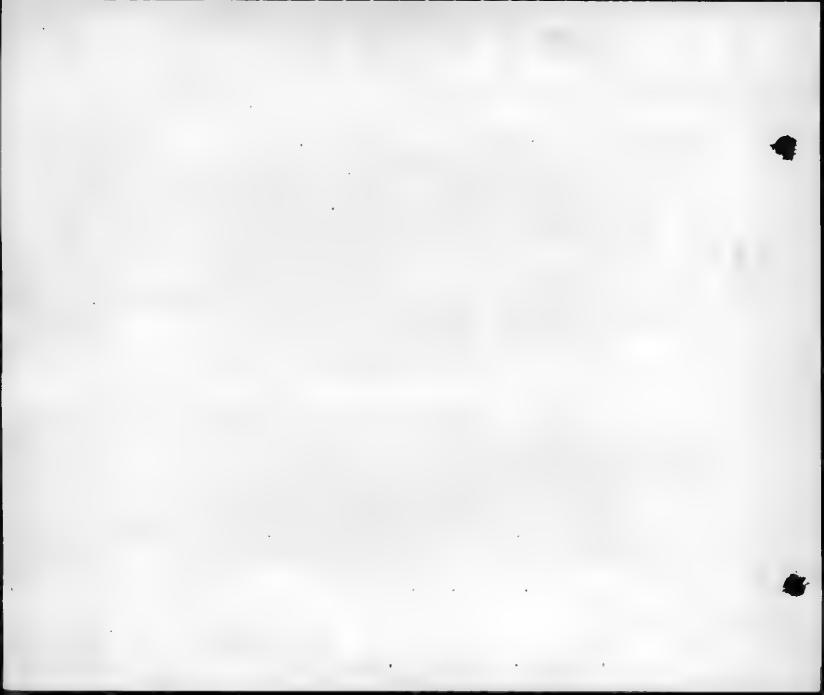
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TO MOSPIT

VR A15 (4) 15M 9/59

o. COUNTY	Vicomico	MARYLAND	o STATE Mary	land	b. COUNTY	Somerset	La Mar
RURAL ond give ne	outside corporate limits, write orest town) 5.61277 AL (If not in hospital give street	LLO days		, Maryland	ımits, write RURAL	ond give nearest town)	VICE.
OR INSTITUTION	Head State Hosp			1, Box 11		ON A FAR	SM2
3 NAME OF DECEASED (Type or print)	Mary	Elizabeth	Nairne	4. DATE OF DEATH	Novem	ber 24, 1960	
5 SEX Female	6 COLOR OR RACE 7. MARI		B. DATE OF BIRTH Oct. 14,	lo lo		INDER 1 YEAR IF UNDER 24 Inths Days Hours A	HRS Vin
10a USUAL OCCUPATION during most of work Housew.	IN (Give kind of work done 10bing life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Mary 1		1	2. CITIZEN OF WHAT COUN USA	NTRY?
13. FATHER'S NAME	•		14 MOTHER'S MAIL	EN NAME			
Ulysses	5 Cottman		Maggie	Cannon			
	R IN U.S. ARMED FORCES? 16 If yes, give war or dates af service)	SOCIAL SECURITY NO 17 I	Deer's Hea	d State Ho	Address spital Re	ecords,Salisb	oury
Conditions, if or gove rise to it couse (o), stoting lying cause lost. PART I OTH	DUE TO (c) ER SIGNIF, CANT CONDITIONS		T NOT RELATED TO THE T			N PART 1(0) 19 WAS AUTO	OPSY OPSY
200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY HOUR o.m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 20d (White		ED. (Enter nature of injust LACE OF INJURY (Home, octory, street office bldg	Form, 20f (City or to		(County) ((State)
21 I certify tha	t (1) (this haspital) attended alive an Nov. 24	ded the deceased from.	M D ATTENDING PHYS.	MED. ST DIRECTOR PI	causes and a	11/25/58	NTE SNED
23a BUR AL CREMATIO		Yan, Man.			HOSPITA (City, town, or co	l , Salisbury ,	, MO
REMOVAL (Specify)	11/27/10	St Mary				ice, Mary; an	nd
24 FUNERAL DIRECTOR		ADDRESS	25a	REC'DAY REGISTRAR	25b, REGISTRA	R'S SIGNATURE	
William H	James J. Fr	intessAnne. N	Id DAT	E	Ch	Chur & fr	



Cothur S. Frank

R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

ofter death. Page

TO HOSP VR A15 (4) 15M 9/59

1	PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2 USUAL RESIDENCE (W		COUNTY	rdence befo Carol:	0 207			
	RURAL and give	N (If outside corporate limits, write a nearest town) SOUTY	2205 days	c. CITY OR TOWN (IF		nits, write RURAL c	and give nee	prest fown)			
	d NAME OF HOS	SPITAL (If not in hospital, give street in State Ho	spital	d. STREET ADDRESS		~ >	1 - 1	IS RESIDENCE ON A FARM? YES NO			
3	NAME OF DECEASED (Type or print)	First Lulu	Middle	Newcomer	4. DATE OF DEATH	Month Nov.	16	•			
5.	Female	6. COLOR OR RACE 7 MARR White WIDOWE	DIVORCED	B. DATE OF BIRTH	69 9 AC	birthdoy) Mant	hs Days	Hours Min			
10	during most of	ATION (Give kind of work done 10b.	KIND OF BUSINESS OR IND	JSTRY 17. BIRTHPLACE (Stote	or foreign gountry	12.	CITIZEN O	E WHAT COUNTRY?			
13	FATHER'S NAME	iam Mad.		14 MOTHER'S MAJOEN	NAMELIUK	noun					
15 (Y	was DECEASED I	(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17	· Eacileh //	lurum	Elist	M	Mf.			
	18 CAUSE OF	DEATH [Enter only one cause per lin	ne far (a), (b), and (c).}					ERVAL BETWEEN			
	PART I. I	DEATH WAS CAUSED BY:	rtariosal anat	ic heart disea	220		ION:	SET AND DEATH			
	-		1 061 103016100	re meath drae	106			11155			
		DUE TO	mt.miagalama					77			
	Conditions, i		rterioscleros	rs, general				Yrs			
		use (o), stoting the <u>under-</u> DUE TO One cause lost.									
Z	PART II.	OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN	PART I(o)	9 WAS AUTOPSY			
ICATION		te cholecystitis						PERFORMED?			
CERTIF		WAS UNDERLYING TO 206 DESC NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	EO (Enter noture of injury in	Part I or Part It of	item 18)					
MEDICAL	20c TIME OF IN.	m. While	Not while f	LACE OF INJURY (Home, fare actory, street, affice bldg., et		wn)	(County)	(Stote)			
	21 I certify	that (I) (this haspital) attend	ed the deceased fram	Nov. 3	54 to Nov	• 16 , 1	960 , 11	nat (i) (we) last			
	saw the dece	eased alive an NOV 1,	19_60 and that	death occurred at 3A	M, fram the	causes and an	the date	stated abave			
	220 SIGNATURE	1 Vuclo	ling,	ATTENDING N	AED STA	AFF III		11/16/60			
	22¢ PHYSICIAN' NAME (Type		M. D.	22d. ADDRESS	ead Hospi		isbury	7, Md.			
23	BENEVILLE	ON PER DATE THEREOF	23c HAME OF CEMETERS	REMETORY CLEL	23d. CEAT ON	Lity town, or cour	ילי (עור	A Stocks			
12	-ENLADAL DIDECT	OD-O-CHONNELIDE	ADDRESS (A)	1 25- 250	TO BY DECISTOAD	OF DECLETOAR	C CICNIATII	DC			

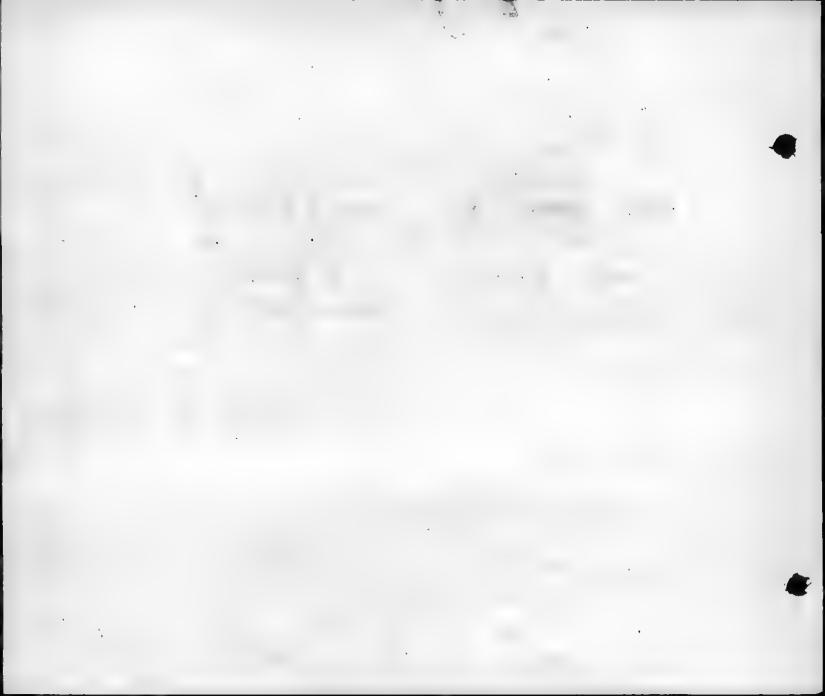


VR A15 (4) 15M 9/59

A.

fter death. Page 4

1 PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before odraission) 5. COUNTY b COUNTY
WICOMICO MARTIAND Marcester
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Salisbury Pocomoke City
d NAME OF HOSPITA, If not in haspital give street address) OR INSTITUTION a IS RESIDENCE ON A FARM?
Hae Home'
3 NAME OF Lost A. DATE OF Manth Day Year OF DEATH OF DEATH 19 19 60
S SEX . 6 COLOR OR RACE 7 MARRIED IN NEVER MARRIED I & DATE OF BIRTH 10/ 27 9. AGE in years IF UNDER LYEAR! UNDER 24 HRS.
Male Negro widowed a divorced act. 19, 873 hast myday Months Days Hours Min
10a USUA, OCCUPATION (Give hind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPACE (Stale or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired)
LABOREY YARd-WORK Maryland U.S.A.
13 FATHER'S NAME
Peter Parson Elizabeth Cropper
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 1 18 yes, give wor or dotes of service) Address 1 18 yes, give wor or dotes of service)
(NO Chice DATINE) Focomitte City, I'd.
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Ordral Selliosis Units
DUETO 1/0 /
Gendinons, if any, which gove rise to immediate (b)
cause (a), stating the under-
lying cause tost.) (c) (c) (c) (c) (c) (c) (c) (c) (c) (
PART II OTHER'S GNIETCANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART HOLD 19 WAS AUTOPSY PERFORMED?
YES NO YES NO ACCIDENT WAS UNDERLYING 1200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port (I of item 18)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c TIME OF IN.URY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour a. m. While Not while lactory, street, affice bldg., etc.) p. m. 19 of work a wark
21 I certify that (1) (this hospital) attended the deceased from Mov. 12. 1960 to Flow, 19, 19 Gethat (1) (we) lost
sow the deceased for ve on 15-1162 19 60 and that death occurred at 55M, from the causes and an the date stated above
220 5 GNATURE 226 DATE ATTENDING V MED _ STAFF _ SIGNES
MD PHYS DIRECTOR PHYS DIRECTOR PHYS
1 22c PHISTIAN'S NAME (Type) To Harbert Denoty 22d ADDRESS 2 light was
23d BBRIAL CREMATION 23b DATE THEREOF 23c NAME OF GEMETERY OR CREMATIONY 23d JOCATION (City flown or country) (Stokely
230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d OCATION (City flown or county) (5-rate) DEMOVAL (Specify) Nov. 27,1960 HOLS HILL CEM. FOCAMORE City, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Edgar Whorton - new Church, Va outHOV 23'60 acting & Kines



CERTIFICATE OF DEATH

1	PLACE OF DEATH	comico		mann.	APPE	2. USUAL RESIDENCE of STATE	(Where de		I. If institution b. COUNTY	an: Resident			ion)		
	b. CITY OR TOWN (If RURAL and give ne	autside carporate limi	ls, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	I (If outside	corporate I	mits, write R	URAL and g	give nea	rest lawn	1		
	Mardela	prines - R	ural	3 yrs.8mo	ns.	Rhodesdale - Rural							AX.		
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address}		d STREET ADDRE		e. IS RESI							
	MapLe S	hade Conva	lesc	ent ^H ome		En	dorado)					NO 🔀		
3.	NAME OF	Fir	st	Middle		Lost	4. D		Man	,	Da	у 1	íear .		
	(Type or print)	Anni	.e	Elizabe	eth	Payne	Ď	EATH	Novem	ber	2	1	960		
5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH		9. A	GE (In years st birthday)	IF UNDER					
J	Temale	White	WIDOW	ED DIVORCED		Jan. 20, 1	.870		O yrs	Months	Days	Hours	Min.		
10	USUAL OCCUPATIO	IN (Give kind of work ing life, even if retired)	Jane 10b.	KIND OF BUSINESS OR	INDÚ:	STRY 11 BIRTHPLACE (State or fore	gn country)	12. CITI	ZENOF	WHATC	OUNTRY?		
	Housework			Home		Dorche	ster	Jo. 1	laryla	nd 1	U.S.	A.			
13.	FATHER'S NAME					14. MOTHER'S MAID	DEN NAME		-						
	John (Corkran				Elizab	eth R	hodes							
	WAS DECEASED EVER	RIN U S ARMED FOR		SOCIAL SECURITY NO	17 IN	FORMANT			Add	ress					
(Y	No. no. or unknown)	If yes, give wor or dales of s	BEA3CH)	None	M-	rs. Russel	W Ha	l lowe	II. Fa	deral	sbur	g M	d.		
H		TH (Enter only one on	use/per li		1	/	11 6 1100						TWEEN		
	IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:											DEATH			
	IMMEDIATE CAUSE (a)														
	4 50, DUE TO														
	Canditians, if any, which (b) (b)														
	cause (a), stating the under-														
7	lying cause lost. (c)														
CATION	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?														
	YES NO D														
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature af injul	ry in Part I o	ar Part II al	item 18.]						
MEDICAL		Y Manth, Day, Ye			20a. PL	ACE OF INJURY (Home,	form, 20f.	(City or to	lwn]	(0	County)		(State)		
9	Haur g. m.	19	While of war	k at wark	ra	ctary, street, affice bldg	, etc.)								
		t (I) (this hospital		ded the deceased f	ram		100/2	in ite		104	/ th	at III is	wal last		
		ed olive on:	1			leath occurred of									
	22a SIGNATURE	ed onve onigerati	7	172 7 GHU 1	HUI C	legiti occorred or		rom me	causes un	io un me			DATE		
	7/-5.	,				M.D PHYS.	MED DIRECTO	. ST	AFF RYS				S GNED		
	22c PHYSICIAN'S	7				22d. ADDRESS	VIKECIO	K				-			
	NAME (Type)	/		Ag 200		- 5	na	*							
22	BURIAL COSMATIO	N. 23b. DATE THEREC	ve	23c NAME OF CEME	reev o	O CDEMATORY	1224 1	JOSAT ON	(C by town,	an anuntil		16.4	.1		
23	REMOVAL (Specify)	Nov.4,19	60	Eldorado	Cer	netery	E]	Ldorad	lo, Do	rchest			Md.		
24	J.J.Frampt	om and Son	Fed	leralsburg,	Mar	yland 250.	REC'D BY R	'60		STRAR'S SIG					
E									<u> </u>	Who a.	These	1.0	-		

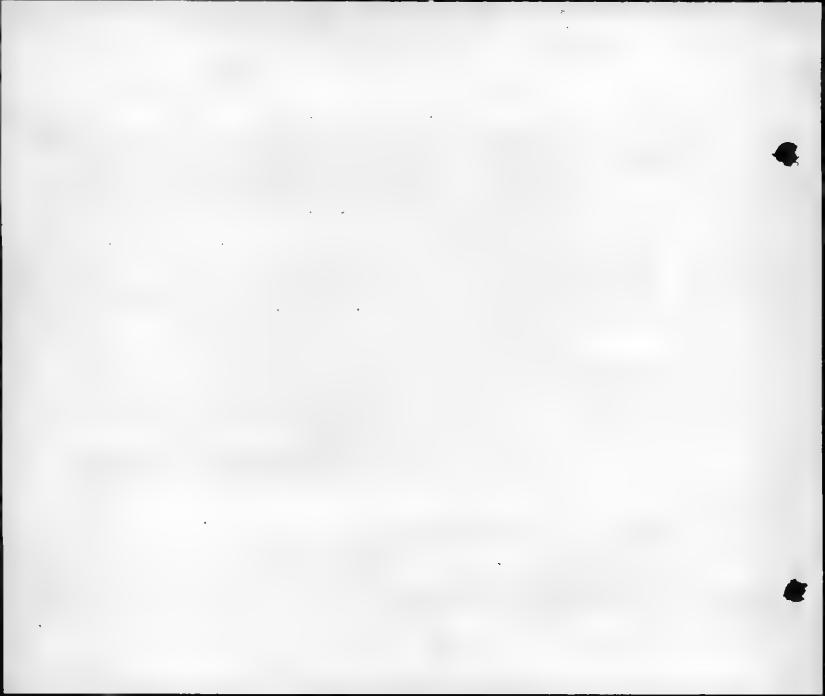
TO HOSP DR ATTENDING FINSTICIAN: The law requires that the death certificate be executed within 24 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill editing page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

in by the funeral director, and 2 shauld be filed with

after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



IS RESIDENCE

ON A FARM?

YES NO

Hours

INTERVAL BETWEEN ONSET AND DEATH

years

WAS AUTOPSY PERFORMED?

YES NO NO

22b DATE

SIGNED

(State)

Year

19 60

VR A15 [4] 1SM 9/59

22a SIGNATURE

22c. PHYSICIAND

24. FUNERAL DIRECTOR'S SIGNATURE

requires that the death certificate

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND RTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Wicomico MARYLAND Somerset Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) 405 days Princess Anne, Salisbury d NAME Of HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUT ON Deer's Head State Hospital NAME OF Middle 4. DATE First Last Month DECEASED OF DEATH (Type ar print) George Norman Pusey Nov. IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years last birthday) Months Days Mal e White WIDOWED [DIVORCED [" 83 yrs 12 CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) former retired u.S.A farmer Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Margaret George Pusev Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Villiam H. Raurk Vestover. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY: Cerebral thrombosis IMMEDIATE CAUSE (a) DUE TO Generalized arteriosclerosis Cand trans, if ony, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 Diabetes mellitus 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) MEDICAL 20c. TIME OF INJURY Month. Day, Year 204 INTURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f, (City or town) (County) factory, street, affice bldg., etc.) Hour o.m. Not while at work at work p. m. 12.52 ..to Nov. 14 Oct. 6 19 60, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an No ... and that death accurred at M, from the causes and an the date stated above.

NAME (Type) Deer's Head Hospital; Salisbury, Md. Lee L. Lawry, M. D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. REMOVAL (Specify) Manokin

23d LOCATION (City, lawn, or county) (State) Princess

STAFF PHYS

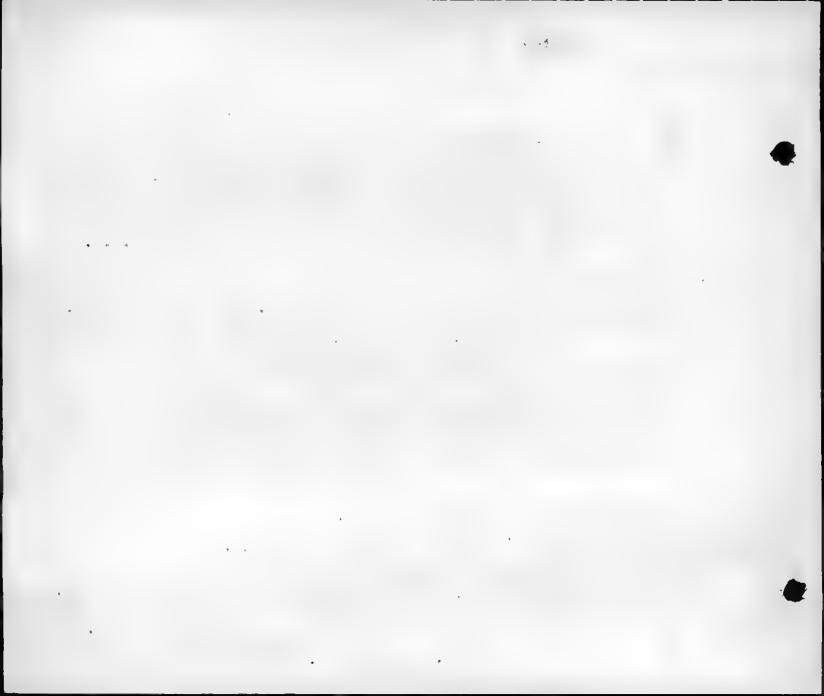
25b REG STRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Md DATE

MED

DIRECTOR

ATTENDING PHYS.

22d. ADDRESS



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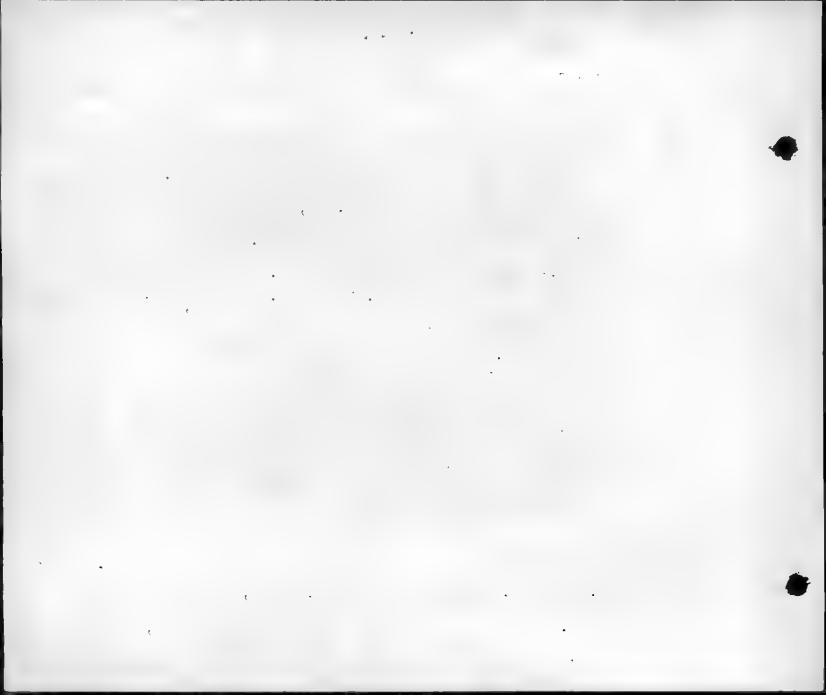
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH	comico		MARYL	AND	2 USUAL RESIDENCE OF STATE		ere decease		institutio DUNTY		om 1 c		on)
RURAL and give ne	outside corporate limi grest town)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOW		chile		write Ri				
	At (If not in hospital, g .39 Upton		(ddress)		d STREET ADDR		Unto:	Č.				IS RESI	FARM?
3 NAME OF DECEASED (Type or print)	SALL		Middle JANE		RITA BK		4. DATE OF DEATH	N	Mani V.		Day th		ear 9 (-0
s sex	6 COLOR OR RACE White	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED		Aug. 27,	188	36	9 AGE (In lost birt	years hday) yrs	Months 2		Haurs Haurs	Min
100 USUAL OCCUPATION during most of work	ing life, even if retired)	done 10b l	NONE	INDU:	SUSSE				pe.	12 CIT	U S	WHAT CO	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAI	DEN N	IAME						
Johant	han C.Tir	nmons	3		Sarah	F.	Shor	t					
1S WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dotes of H		SOCIAL SECURITY NO.	K.r.	Chirles Street	Ws.	Pirk	or(Ga	Addr	i-so	n)71	9 R	o, er
Conditions, if all gove rise to it	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Of neurolized (ar Cun on a DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-										Noted 1959		
CATIC	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(d) 19 WAS AUTOPSY PERFORMED? YES \(\sigma \) NO \(\sigma \)												
-!													
saw the deceas 22a 5 GNATORE 22c PHYSICIAN'S													
23a BURIAL CREMATIO REMOVAL (Specify)	NOV.8,19		230 NAME OF CEMEN		g Cemete		23d LOCA	sonet	our	T, M	ryl)
L CTT - M. Y		۸ ۵٬	ADDRESS -LTSBURY	V Δ D			D BY REGIST	760 251		STRAR'S SI			



CERTIFICATE OF DEATH

e. IS RESIDENCE

ON A FARM?

YES NO SO

Year

19

Wicomico

IF JINDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO |

__, that (1) (we) last

(State)

22h DATE SIGNED

(State)

Days

(County)

Months

yrs.

Address

director affending FUNERAL DIRECTOR: P

1SM 9/59



IS RESIDENCE

ON A FARM? YES INO I

Yeor

2. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEE DAISET AND DEATH

> WAS AUTOPSY PERFORMED?

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(Stole)

SIGNED

(County)

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FUNERAL DIRECTOR:

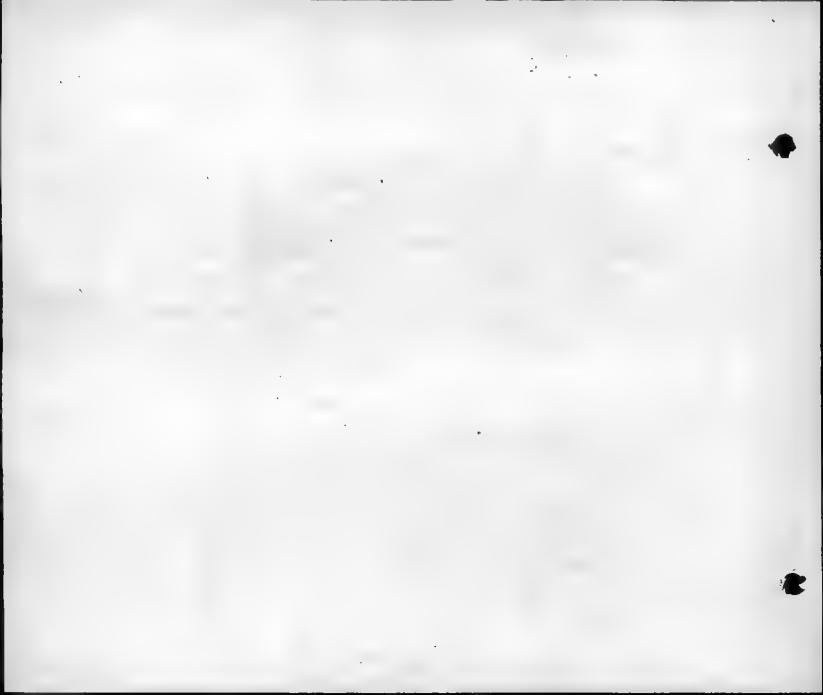
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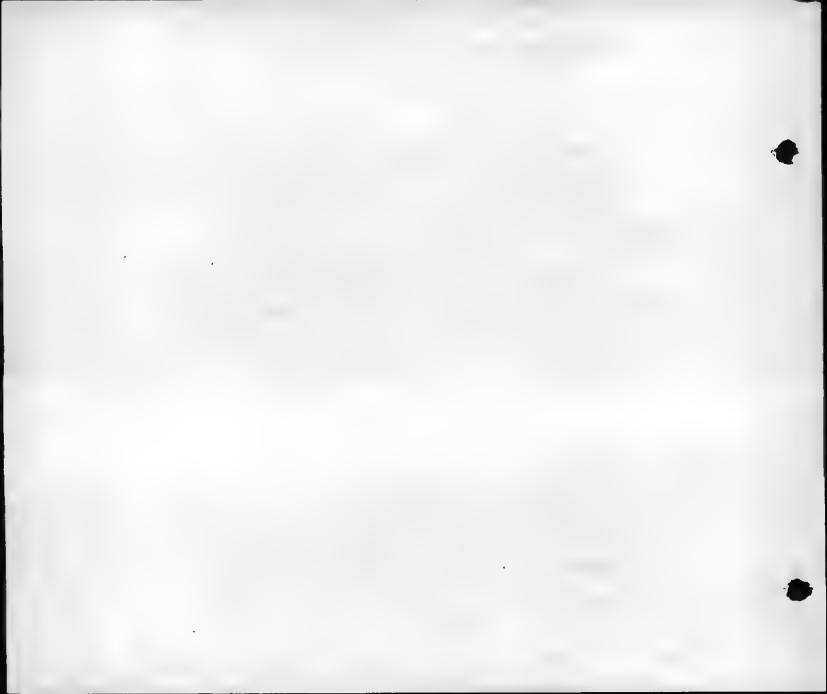
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1,	PLACE OF DEATH O COUNTY		2 USUAL RESIDENCE (Where deceased lived If	THATTY
	Willowico	MARYLAND	maryland	worcester
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN of outside corporate limits,	write RURAL and give nearest town)
	A NAME OF HOSPITAL (March in hospital anno street	t oddress)	d STREET ADDRESS	e, IS RESIDENCE
0	OR INSTITUTION	10 + 10 11	D L D	ON A FARM?
1	NAME OF Pirst	for 1103011al	Lost 4. DATE	
	NAME OF DECEASED (Type or print)	Middle Sh	eppard BEATH MOU	Month Day Year
5	SEX 6 COLOR OR RACE 7. MAR	RRIED 🔲 NEVER MARRIED 💆 🏻	DATE OF BIRTH 9 AGE (In lost birt	
1	nall Colored WIDOW		november 5-1940	yrs
100	during most of working life, even if retired)	, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
10	FATHER'S NAME =	none	14 MOTHER'S MAIDEN NAME	
13.	PAINER'S NAME		14 MOTHER'S MAIDEN NAME	I had
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17 IN	FORMANT	Address
	s, go or unknown) (If yes, give war or dates of service)	7	ottel Chalba	1
=	18. CAUSE OF DEATH [Enter only one cause per l	line for (a), (b), and (c), 1	me spegger.	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	Port to 1	T40 amons	ONSET AND DEATH
	776 AMMEDIATE CAUSE (a)	Us opposit	7 - 3,011-2	
	Conditions, if any, which) (b)			
	gove rise to immediate Couse (a), stating the under DUE TO			
	lying cause last. (c)			
0 Z	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
ICAT				YES NO
CERTIFICATION	200 ACCIDENT WAS UNDERLYING [20b DE OR CONTRIBUTING [CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	t. (Enter nature of injury in Part I or Part II of item	18.)
MEDICAL		fac	CE OF INJURY (Hame, farm, 20f, (City or town) ory, street, office bidg., etc.)	(County) (State
MEC	Hour a.m. White p. m. 19 at we	S TADE MUNE		
	21 I certify that (I) (this haspital) after	ided the deceased from	11/5 1260, 10 11	6 196 (that (I) (we) las
	saw the deceased alive an	19.6. 9 and that d	eath accurred atM, from the caus	ses and on the date stated above
	220 SIGNATURE		ATTENDING MED STAFF	22b DATE SIGNET
	William (M	organ "	A D. PHYS DIRECTOR PHYS	
	22c PHYSICIAN'S NAME (Type)	. 0	22d. ADDRESS	
22	BURIAL CREMATION, 236. DATE THEREOF			
7	SERIAL CREMATION, 236 DATE THEREOF SELLICE W- 9- 60	34 Jones	Clm 23d LOGATION (City,	of Hell of Med
24	FUNERAL DIRECTOR'S S GNATURE	ADDRESA	250 REC'D BY REGISTRAR 25	REGISTRAR'S SIGNATURE
1	Jooker 10 Was		DATE	2 K
4	A Park Town		MON. 1.4. 00	C. M. C.



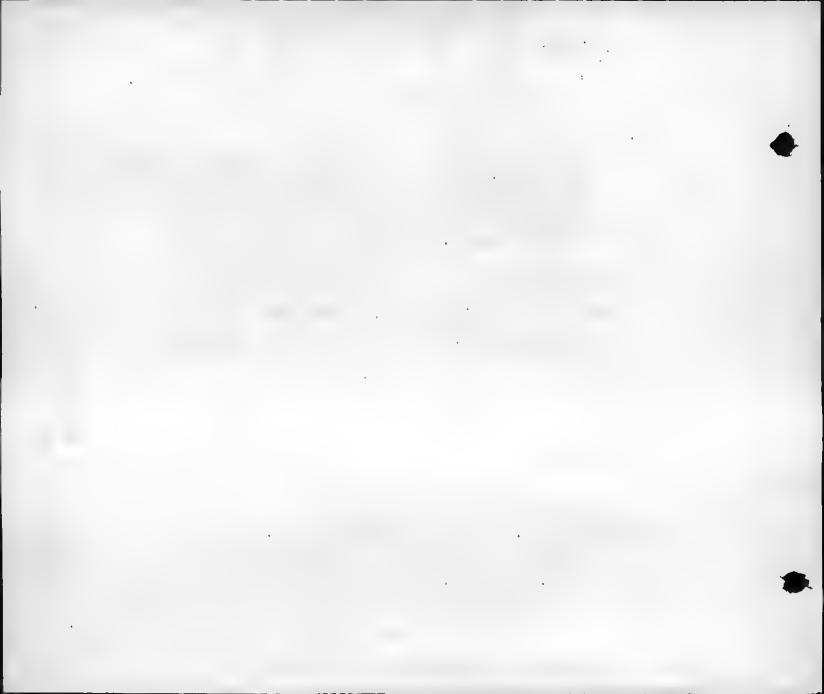
	11/4 [] +]					
PLACE OF DEATH	Vicomico	MARYLAND	2 USUAL RESIDENCE (Whe	b. COUNT	Υ _	e before admission)
b CITY OR TOWN (If RURAL and give ne	outside corporate limits, writ	c. LENGTH OF STAY IN 16	*	itside corporate limits, write	RURAL and gi	ive negrest town)
	bury	10 days	Deal I	sland		
OR NSTITUTION	AL (If not in hospital, give stre	_	d STREET ADDRESS		7	on a FARM?
Deer's i	Head State Hos	brear			4 1	YES NO
3 NAME OF DECEASED (Type or print)	John W	J. Smi.th	Somers	OF	ember	24, 1960
s sex Male	7 Th. 2 A	ARRIED NEVER MARRIED DIVORCED DIVORCED	DATE OF BIRTH	9. AGE (In year last birthdoy) 91 yr	Months	PYEAR IF UNDER 24 HRS Doys Hours Min.
10g. USUAL OCCUPATIO	N (Give kind of wark dane It	06 KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State of	r foreign country)	12 CITIZ	EN OF WHAT COUNTRY?
Janitor	ing me, even it remedy	Deal I. High So	hool Marylan	ıd	J	J 3A
13. FATHER'S NAME			14 MOTHER'S MAIDEN NA			
John Sn	nith Somers		Maggie La	wes		
	IN U. S. ARMED FORCES? If yes, give wer or delet of service)	16. SOCIAL SECURITY NO 17,	INFORMANT	Ad	dress	
	40	YN KNOWN]	Deer's Head Hos	pital Record	s, Sali	Lshury, .ld.
1	TH [Enter only one cause per TH WAS CAUSED BY IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).] r teriosclerot	ic cardiovas	cular dise	ase	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ar		Coronary	thrombos	ris		9hrs
couse (a), stating to	DUE TO	Arterioscle	rosis gen	eral		Years
PART II. OTH	ER S GNIFICANT CONDIT ON	IS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION G	IVEN IN PART	1(a) 19 WAS ALTOPSY PERFORMED? NO
OR CONTRIBUTING	S UNDERLYING [] 20b. E	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Pe	ort I or Port II of Hem 18.)		
20c TIME OF INJURY Hour a π. p m.	Wh		PLACE OF INJURY (Hame, farm, actory, street office bidg, etc.)	20f (City or tawn)	(C	ounty) (State)
		ended the deceased fram			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, that (I) (we) last date stated above
22a SIGNATURE	1.1.	uau	ATTENDING MEI			11/25/85 DATE
22c PHYSICIAN'S NAME (Type)	(V. Juer	man, M. D.		r's Head Sta alisbury, Ma		ital
230 BURIAL, CREMAT OF	N. 236. DATE THEREOF	230 NAME OF CEMETERY	ch 4	23d LOCATION (City, town	or county)	(Stale)
24 FUNERAL-DIRECTOR'S	SIGNATURE /	ADDRESS .	250 REC'D		SISTRARS S.G.	NATURE

the funeral director, should be filed with TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour after demoy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 1, the fune page 3 should be detached for use as the buria-transit permit. The piease remaye carbon pagers. Pages 1 and 2 should the State Baard of Health prior to burial, cremation, ar removal, and it only agent, within 72 hours after death

ter death. Page 4

VR A15 (4) 15M 9/59



(State)

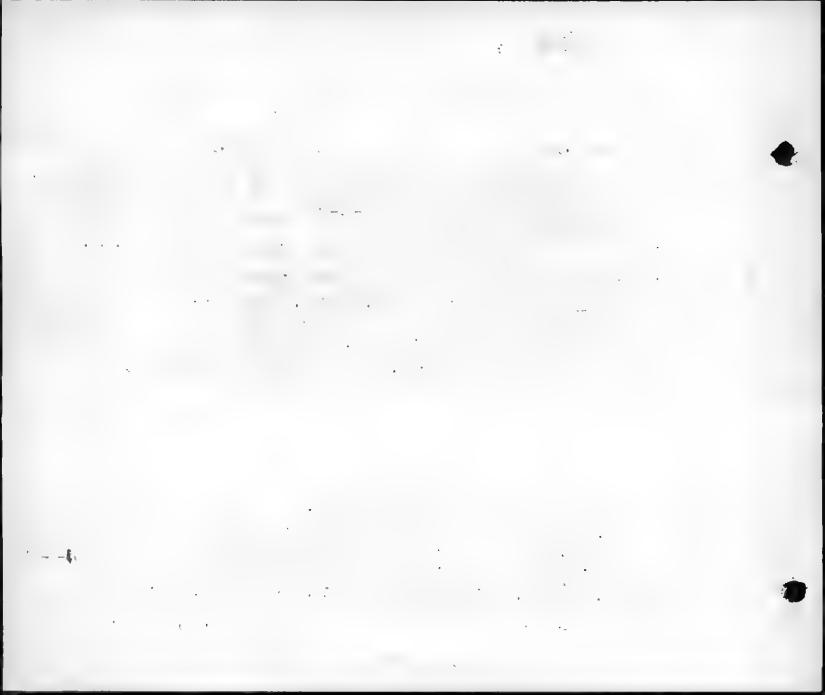
that the

2 After FUNERAL DIRECTOR: 3 shauld

see have war or dates of services Mr. Frank M. Stewart, Same CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underying cause last CATION 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.) WEDICAL 20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work 21. I certify that I attended the deceased from 1960 ADDRESS (Street, city or town, stote) Salisbury, M ryland ACTUAL SIGNATURE PHYSICIAN'S Insley, 116 East Main St., Salisbury, Maryland NAME (Type) Philip A. 22b. DATE THEREOF 220. SUR AL, CREMATION. 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Salisbury, Maryland Shad Point Cemetery 11-8-1960 Burial 24b REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR Cirilwy S. Kraus Hill & Johnson Co. Salisbury, MAryland DATHOY 9

CERTIFICATE OF DEATH 13206 Rea. Dist. No 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Maryland b. COUNTY WIROMICO MARYLAND Wicomico b CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO TH 700 Smith St. 700 Smith St. NAME OF Middle DATE Month Yeor DECEASED (Type or print) DEATH 11 6 1960 HARRIETT ELLEN STEWART S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Devs Hours DIVORCED [WIDOWED [yes Female White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Maryland House Wife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Prvor Joseph Washburn INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO (State) (County) 19 6 Shat I last saw the deceased and that death accurred at______M, from the causes and on the date stated above. 7 - 60

page 9 VS A1S (4) 1SM 9/SB



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ofter death Page 4

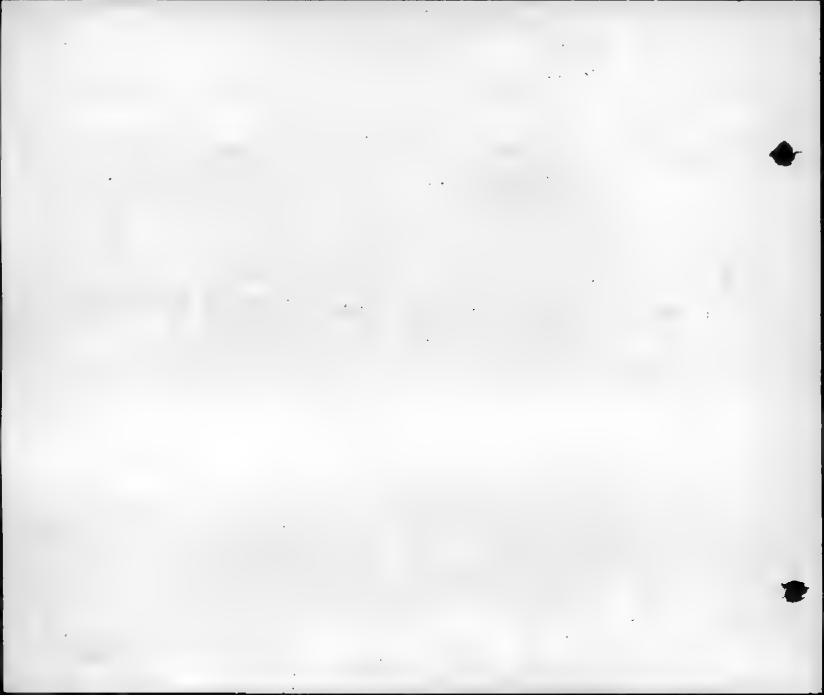
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

13207

TICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH	1/1		MAR	rland 2.	o STATE	ENCE (Whe	-	ed. If nstitution b COUNTY	Residence bel	ore admission)	
-	RURAL ond give r	(If outside corporate learest town)	imits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	DWN (If ou	itside corporate	limits, write RUR	AL and give n	earest town)	
-	- 0, 61	TAL (If not in haspita	l, give street	address)	Setal!	d STREET AC	isbui PORESS 7	04 East	t Road	12417	e IS RESIDEN ON A FARI YES NO	MY
3.	NAME OF DECEASED	(1)///36	First SJ	Middle	4	A Cast	BUYY.Y	4. DATE	Month		y Year	
	(Type or print)	Hat	ttie_	L.		4160		DEATH	11	-3	19 -	
S. !	emale	LEGRO	F 7 MARR	IED NEVER MARRI		ATE OF BIRTH	14.			Months Doys	R IF UNDER 24 Hours M	HRS Ain
10a	LSUAL OCCUPAT	ON (Give kind of wa	rk dane 10b.	KIND OF BUSINESS C		and the latest terminal to the latest terminal t	CE (Stole o	or foreign count	try)	12. CITIZEN O	OF WHATCOUN	TRY?
	9%	nestic	eaj			Vi	rgini	ia		U.S.	A.	
13.	FATHER'S NAME			•	1	4 MOTHER'S	MAIDEN NA	AME				
		scph Syke				Ros	a Ha	arris				
	WAS DECEASED EV	ER IN U.S. ARMED F JIF yes, give war ar dates		SOCIAL SECURITY NO), 17 INFOI	RMANT	0 . 0	D.	Addres	1	011=	
_	910.				100	ch	nell	20-10	4 East	Road	orlis 4	20
		ATH [Enter only one ATH WAS CAUSED B IMMEDIATE CAUSE	Y: (ne far (a), (b), and (c)	'x f	teru	NY	Life			TERVAL BETWEI ISET AND DEA	TH
	Conditions, if		(b)					J				
	gove rise to cause (a), stating lying couse last	the under- DUE	(c)									
ATION	PART II. OT	HER SIGNIFICANT C	ONDITIONS C	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMIN	VAL DISEASE C	ONDITION GIVE	N IN PART 1(0)	19. WAS AUTO PERFORMED YES NO	D?
CERT FICATION	20g ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH	20b DESC	CRIBE HOW INJURY C	OCCURRED (S	inter noture of	injury on Po	ort I or Part 1	of stem 18)			
MEDICAL	20c TIME OF INJU Hour o m p. m.		Year 20d. It While at work	Not while	20e. PLACE factory	OF INJURY (F	lome, farm, bldg , etc)	20f. (City or	tawn)	(Count	r) (5	State)
	21 certify th		tal) attend	led the deceased		0-18	196	of to	11-8 e causes and		that (I) (we)	
	220 SIGNATURE	PELALIE) /	2 0 MA	M D	ATTENDING	ME	D _	STAFF PHYS	di ine da	22b DA	TE
	22c PHYSICIAN'S NAME (Type)	CITALITY	E 1	+ EARIN	Mt	22d ADDRE						
230	BURIAL, CREMATI		REOF	23c NAME OF CEN	LETERY OR CI	REMATORY		23d LOCATIO	N (City, tawn or	county)	(Stote)	
	REMOVAL (Specify	11/12	/1960	green	acre	2		Sa	Lishury	7	Md.	
24	Puntan Director	r's signature	+ A	alishy	Md	4		BY REGISTRAL V 1 8 '60		RAR'S SIGNAT		

TO HOSP VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13208

13189

	1 6	PLACE OF DEATH			2 HEHAL BEGIN	ENCE (Where decease	el locard of anetatoric	n Residence befr	re odmission)
		COUNTY	Wicomico	MARYLAND	D. STATE	Maryland	6 COUNTRY	icomic)
	Ŀ	RURAL and give ne	f outside corporate limits, wri corest town) Salisbury	te c. LENGTH OF STAY IN 15	c. CITY OR TO	Salisbur		JRAL and give ne	arest town)
		. NAME OF HOSPIT	AL (If not in hospital, give str	eet oddress)	d. STREET AD		J.		e IS RESIDENCE
d		OR INSTITUTION	Pen Gen. Ho	sp1tal		Ocean Cit	v Blvd.		YES NO T
		NAME OF	First	Middle	Last	4. DATE	Mont	h Do	y Yeor
		DECEASED (Type or print)	JAMES	WINFIEL	TAYLO	OR DEATH	NOVE		30th19 60
	S S	SEX	6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years lost_birthday)		IF UNDER 24 HRS
	1	Male	White wind	OWED DIVORCED	Jan 10,	1886	74 yrs.	Manth Day 20	Hours Min
	10a	JSUAL OCCUPATIO	ON (Give kind of work done 1 ung I fe, even if retited)	06 KIND OF BUSINESS OR INC	STRY 11 BIRTHPLA	CE (Stole or foreign c	ountry)	12 CITIZENO	F WHAT COUNTRY?
	跟		wner & Mana	ger-Taylor 0:	ll Co. (quantico,	Marylan	d U	SA
	13	FATHER'S NAME			14, MOTHER'S	MAIDEN NAME			
1	7	Wesley '	Taylor		Georg	gia Hurle	∋y		
	15 (Yes	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes, give war or datet of service)	16. SOCIAL SECURITY NO 17	INFORMANT	West Tay	/lor(Wîţ	e)Ocear	1 City B
	H		The Francisco	- Non-for-for-for-for-	<u>58_</u> _	<u>lisbury, N</u>	ASPENDENCE	LINIT	ERVAL BETWEEN
			ITH [Enter only one cause po ITH WAS CAUSED BY	If the for (a), (b), and (c).	+ 1	100 A	Tan Da	ON	SET AND DEATH
		111111	IMMEDIATE CAUSE (o)	Lon year	rive p	Henry	1-accin	E .	8 augs
		444	DUE TO	anto.	0				7 11000
		Conditions, if all gave rise to it	mmediate	My mus se	arous				, open
		couse (o), stoting							,
	z	lying cause lost.) (c)	NS CONTRIBUTING TO DEATH 8	UT NOT BELLTED TO	THE TORIGINAL DICE AL	TE CONDITION OU	ENLIN BART 1/-1	ID WAS ALLTORSY
the same	<u>ē</u>	PARE II OTF	IEKSIGNIFICANI CONDITU	AS CONTRIBUTING TO DEATH 8	DI NOI KELATED TO	THE TERMINAL DISEAS	SE CONDITION GIVE	EN IN PART I(D)	PERFORMED?
1	5	00 400000000000000000000000000000000000	[A]	perfension	nen in	* * 1 B 4 4 B.	2 H of Acc 10 3		YES NO
	CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	N/A	RED. (Enter nature of	injury in Parl 1 or Poi	ri ii or irem is)		
	CAL				PLACE OF INJURY IH	ome, form, 20f (City	y or town)	(County)	(Stole)
	WEDICAL	Hour a.m. p.m.		hile Not while work at work	factory, street, office	oldg., etc.)	N/A		
		-	et (I) (this basnital) att	ended the deceased fram	ade 25	10/2010	November 3	10 1den 11	hat /I\ / last
			ed blide on NOV	30 1960 and that	1	10 200	the causes and		
		220 SIGNATURE		and the	death occurred	di, it dili	The cooses on	a dil ine dale	22b DATE
		/Sa	1.4-12	/l/Cens	M.D. ATTENDING	MED.	STAFF PHYS.	Dec S	3/1960 SIGNED
		22c PHYS CIAK'S	11/11/11		77d. ADDRES			200,	7 1 700
		NAME (Type)	r.Robert T.	Adkins	Fruit	tland, Ma	ryland		
	23α	BURIAL, CREMATIO		23c NAME OF CEMETERY			TION (City, town, o	r county)	(State)
		Buria.	1 Dec. 3, 1960	O Allen Cer	netery	A)	llen. Ma	ryland	
	24	FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGIS			IRE
	HO	YAWCILIC	& COMPANY	SALISBURY MA	RYTAND	DATEC 6 '60	Cath	ur S. France	1

shauld De filed with the funeral director, TO HOSPIT.

R ATTINEING PHYSICIAN: The law requires that the dmath mertificate but executed within 14 having be rest. "So by the hispital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the State Board at Health priar to burial, crematian ar remayal, and in any event, within 72 hours after death

after death. Page 4

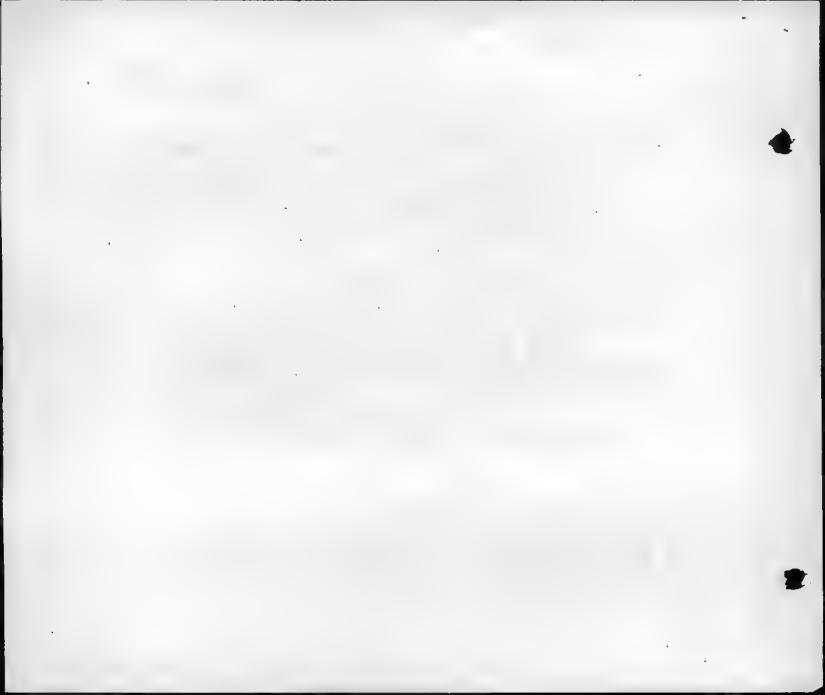
VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH *DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	132(19) CERTIFI	CATE OF DEATH
The same	1. PLACE OF DEATH o COUNTY	2 USUAL RESIDENCE (Where deceased I ved I finistitution, Residence before admission) o. STATE b. COUNTY
Wa)	WICOMICO MARYL	MARYLAND WORCESTER
_/	b CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY II RURAL and give nearest town)	N 1b c. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town)
pr.	SALISBURY 12 DAYS	POCOMOKE CITY 13 15.
" Salar	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e IS RESIDENCE ON A FARM?
	TENINSULA GENERAL HOSPITAL	602 LINDEN AVENUE YES NO B
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) ELSIE G.	THOMAS DEATH NOVEMBER 4 1960
	S. SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIES	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR's Igst bigthday) Months Days Haurs Mir
	FEMALE WHITE WIDOWED DIVORCED	0 oct. 6, 1891 69 m
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF 8USINESS OR during most of working life, even if retired)	
	HOUSEWIFE	MARYLAND U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	BENJAMIN WILLIAMS	UNKNOWN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unknown] (If yes, give wor or dates of service)	17 INFORMANT GAGGESTINDEN AVE
	No -	MR. OBED W. THOMAS, POCOMOKE CITY M
	18 CAUSE OF DEATH [Enter only one cause per langtor (a), (b), ogd (c)]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	Hemorrhage 12 day
	DUE TO A	
	Conditions, if any, which) (b) Crebal	Unexiscleroses
	gave rise to immediate cause (a), stating the under-	
	lying cause lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA!	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [[
	200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OF OR CONTRIBUTING TO CAUSE OF DEATH	CURRED. (Enter nature of injury in Part I ar Part II of Item 18)
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State factory, street, affice bldg., etc.)
	Hour a.m. Hour a.m. P.m. Hour a.m. Hour a.m. P.m. Hour a.m. Hou	delay, steat, once bidg., etc.)
	21 1 certify that (I) (this haspital) pftended the deceased f	fram 10/23 1960 to 11/4 , 1900, that (1) (we) los
		that death accurred at 1.2. M, from the causes and an the date stated above
	720 SUSPATURE	22b DATE
	and & Believe	M. ATTENDING MED. STAFF M. PHYS DIRECTOR PHYS D
	22c. PHTSICIAN'S NAME (Type)	22d. ADDRESS
	DAVID I. GILMORE	MD. SALISBURY MARYLAND.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	TERY OR COUNTY 23d LOCATION (City, town, or county) (State)
	BURIAL ALL-6-60 FIRST	BAPTIST POCOMOKE CITY MARYLANI
-	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
100	Bakut H. Watson PocomoKE	CITY, MD, PAPER O 180

TO HOSPITAL RATTERBING PHYSICE THE law require may be refulled by the hospital or attending physician. TO FUNERAL Differ COR: After this certificate has been standing. VR ATS (4



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH J I. PLACE OF DEATH V 2. USUAL RESIDENCE (Where decassed lived, If institution Residence before admission) l director. Page or your fles. a. COUNTY a. STATE Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outs de corporata imilis c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporale limits, write RURAL and give nearest town) ON write RURAL and give nearest lown) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Kiowa Avo. Kiowa Ave. YES NO 3 NAME OF First 4. DATE Middle Year DECEASED the age 5 may be re 1 and 2 with the 72 hours after (Typa or print) Twilley Edward DEATH 19 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED 5. 5EX 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Deys Hours 39 WIDOWED [DIVORCED [106. KIND OF BUSINESS OR INDUSTRY 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired labor U.S.A. PM3. Pr Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George 21 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address perpai. (Yes, no, or unkown) [(Ifyasg vewarordatasofservice). with 18. CRUSE OF DEATH Enlar only one cause per line for (e), (b), and (c), and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Broncho-pneumonia. IMMEDIATE CAUSE (a) Office s a burial-removal, **DUE TO** Conditions, if any, which 151 "pending" gava rise to immediate cause 60 CH Examiner's DUE TO (a), slating the underlying 200 cause last. cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 17. WAS AUTOPSY PERFORMED? NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Chief age 3 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (5tata) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work prior p.m. Ö 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection IX Inquiry X and in my opinion acuss the central be forwarded to be forwarded to be all DIRECT death resulted from. Natural causes Accident Setcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER | BEPOIT MED | should be forward by FUNERAL DI) ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Salisbury, Ave. Camden Moderass (Streat, city, lown, or county). 228. BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, fown, or country) (Stata) REMOVAL (Specify) 40 6 24a REC'D BY REGISTRAR 1 246 PREGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

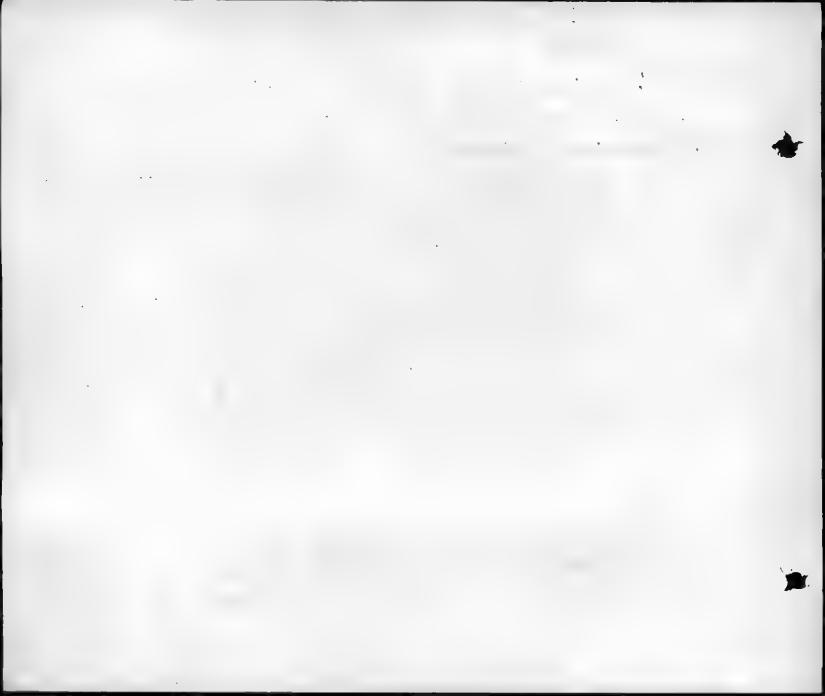


	ed in Ey the funeral director,	I and 2 should be filled with	
	the ottending physicion and completely filled in by the	Then please remove carbon papers. Pages	and in any event, within 72 hours ofter death
moy be refained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending p	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death

TO HOSPITA

VR A15 (4) 15M 9/59

-							
4	1	LACE OF DEATH		2. USUAL RESIDENCE (Y	Where deceased Eved. If institution: I	Residence before admissi	ion)
Personal Contraction of the Cont	`	WILDMICA	MARYLAND	Mary	Luch 6. COUNTY	Worcester	
-/-	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	outside carporate limits, write RURA	L and give nearest town)
		Sahisbury		BOA	LIN		
	4	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e IS RESI	
F"	fe	ENINSULA DEN	eraL		X		FARM?
ريان		NAME OF First	Middle	, Last	, 4. DATE Month	Day Y	reor .
		DECEASED Type or print)	a m	tundal	DEATH Horem E	ner 9 1	1960
	\$ 5	EX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF I	UNDER 1 YEAR IF UNDE	R 24 HRS
		M (wibowi		,	last birthdoy) Mi	anths Days Hours	Min.
	100	USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stot	te or foreign country)	12 CITIZEN OF WHAT C	OUNTRY
		during most of working life, even if retired)		GEORGE	ETOWN DEL	U,5	A
1	13.	FATHER'S NAME		14 MOTHER'S MAIDEN	NAME		
I		unkrion	~	1 n	ulsan -		
		WAS DECEASED EVER IN U S ARMED FORCES? 16	SOCIAL SECURITY NO 17 M	NFORMANT	Address		7
	[706	. no. or unknown) [If yes, give wor or dates of service]	N	O. CHAPIES	CRATES B	ER. LIN	Mr
		18. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c).	1	A	INTERVAL BE	TWEEN
	li	PART I DEATH WAS CAUSED BY.	Chi.		(o constru	ONSET AND	DEATH
		DUE TO	0 4	7- 7			
		Conditions, if ony, which)	Clasto	tell lie	in west ator they	Interest. 10	Sola
		gove rise to immediate	77	7	1		1
		couse (a), stating the under-	ysul	wo, I	relies !!	1 con	14
	NO O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS A	AUTOPSY
	CATI(1.8-	- won	20 2	1	PERFO YES	NO 4
	TIFE	200 ACCIDENT WAS UNDERLYING A 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	n Port I or Part II of stem 18)		
*.d	CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)			•		
	ICAL		for the state of t	ACE OF INJURY (Home, far		(Caunty)	(State
	MEDI	Hour om While of wor		Clory, silect. Pillic Dady.	To j	_	
		27. I certify that (1) (this hospital) attend	ded the deceased from	UC1,27, 1	grant to 1. Col. 7.	19 9-9 (I) (v	wet las
		saw the deceased alive an Noul			M, fram the causes and a		
		220 SIGNATURE	× /		٧.	72)	DATE
		ENCURE / Ohn	ubly	M.D. PHYS	MED STAFF PHYS	14. 11/	TOU
4		22c PHYS CIAN'S NAME (Type)	- 101. IA	22d ADDRESS O	CE Chirt	25	1
		J. Herber	Jem 314, MI	P	solialium 1	<u> </u>	7
	230	BURIAL, CREMAT ON, 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, or co	ounty) (Stote	e)
		SURIAL 1, 60	ST. PAU	LS	BERLIN	M	D
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/ 25c. RE		AR'S SIGNATURE	
		Dime N. Julage	Delle Y	DATE DATE	Frank Com	a. Malle	
		7	_				



256 REGISTRAR'S SIGNATURE

Onther S. House

DATNOV 2 8 '60

24 JUNERAL DIRECTOR'S SIGNATURE?

		3212		CERTIFI	CATE	OF DEATH			
	PLACE OF DEATH D. COUNTY	Wicomico		MARYL	- 11	USUAL RESIDENCE (W o. STATE Maryls	. b 0	OUNTY	n Anne's
	CITY OR TOWN RURAL and give i Salistur	(If outside corporate I im learest tawn)	ils, write	17 days	1	c. CITY OR TOWN (IF		, write RURAL and g	ive nearest lown)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspiter, s		oddress)		d. STREET ADDRESS	. 116	17>	o IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fi Io	-	Middle Juli	a	loss Warner	4. DATE OF DEATH	Month November	Day Year 20 19 60
5	sex Female	6. COLOR OR RACE White	7- MARE	RIED NEVER MARRIED ED DIVORCED		uly 10, 190	9. AGE (1 60 to be)	In years FUNDER thdoy) Months yrs	1 YEAR IF UNDER 24 HRS Days Hours Min
	during most of wo lousewife	ON (Give kind of work king life, even if retired]	KIND OF BUSINESS OR	INDUSTRY	Del.	or foreign country)	12 CITI U.S	A.
	FATHER'S NAME John H. PI	ratt				4. MOTHER'S MAIDEN Clementine			
15 (Ye		ER IN J. S. ARMED FOR (If yes, give war or dales of s	ervice,	21-20-4680	Mrs.	rmant George Eve	rett, S	Address udlersvil	le, Md.
MOIN	_	the under-)	Bronchial pr			INAL DISEASE CONDIT	ION GIVEN IN PART	24 hrs
L CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCC	CJRRED. {	Enter nature of injury in	Port I or Part II of iten	18)	YES NO
MEDICAL	20c TIME OF INJU Hour a.m. p.m.	RY Month, Day, Ye	or 20d, li White at war	Not while	0e, PLACE fector	OF INJURY (Home, farr y, street, office bldg., eli	n, 20f (City ar tawn)	(0	County) (Stote)
i	saw the deced 22a. SIGNATURE					th accurred at			O. that (I) (we) last date stated above 22b. DATE SIGNED 11/2D/60
	22c. PHYSICIAN'S NAME (Type)	L. V. Ma	ldve	M. D.		Deer's He	ead State H	ospital;	Salisbury, Md.
1-	BURIAL CREMATI REMOVAL (Specify			23c NAME OF CEMET			Sudlersvi		(Stote) Md.

thending physician and completely filled in by the funeral director, glease remave carbon papers. Pages 1 and 2 should be filed with attending physician and completely filled in TO HOSPITATE RATTENDED FINAL SIGNATION requires that the death cartificate be elecuted within 24 himpy be retained by the hospital or altending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit perget. The please remove carbon papers. Pages 1 as the State Board of Health prior to burial, cremation, or removal, and they went, within 72 hours after death VR A1S (4) 1SM 9/59

er death. Poge 4



MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

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Crima S. Kraus

13225 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

						-				- C - C - C - C - C - C - C - C - C - C
	PLACE OF DEATH c. COUNTY	Vicomico	,	MARYLAND	2. USUAL RESIDENCE (Whe		lived, If instituted b COUNTY	Residence		ss on)
(, RURAL and give no	f autside carporate limits, carest town) "TJONEDUP		STAY IN 16	CITY OR TOWN (If ou		ate limits, write Ri nor (Rur		e nearest fav	vn)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, giv	e street address)		d. STREET ADDRESS	1	(Wango)		ON	A FARM?
	NAME OF DECEASED (Type or print)	First FD 1AR		liddle 'N	IP PROW	4. DATE OF DEATH	Mont MOVE		Day 6	Year 19 ()
5	Nole		MARRIED HIEVER W	ARRIED 8	Dec.4, 1997		9 AGE (In years last birthday) 72 yrs	Manths Di	YEAR IF UNI	
100	USUAL OCCUPATION during most of work	ON (Give kind of work do king life, even if retired)	Frmir		TRY 11 BIRTHPLACE (Store of				NOF WHAT	
13	FATHER'S NAME				14 MOTHER'S MAIDEN N	AME				
1	arsanabi	ury, imbro	W		Lida Fili	S				
	WAS DECEASED EVE	R IN J S. ARMED FORCE		Y NO 17, IN			l. ryl.		D.# 1	(Fon
		TH [Enter only one cause TH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Myrach		int Crure very	Him	ne brasi		INTERVAL I ONSET AN	D DEATH
	Canditions, if a	mmediate (arteurse	1	1110	11 14	· m?		V	
	lying cause last	the under- DUE TO (c)								
CERTIFICATION	PART II OTH	HER SIGNIFICANT COND	TIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	ORMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)	06. describe how inju	IRY OCCURRED	(Enter nature of injury in P	art I ar Part	(I of item 18.)			
MEDICAL	20c TIME OF INJUR Haur a m. p. m.	Y Month, Day, Year N/A 19	20d INJURY OCCURRE While Not while at work at wark		CE OF INJURY (Hame, form, tary, street, office bidg., etc.)		ar tawn) N/A	(Cot	unty)	(State)
		it (I) (this hospital)	ottended the deced		シャルモ	A M	the couses on	19.6.		
	22a. SIGNATURE	Eite a			ATTENDING ME PHYS. DIE		STAFF PHYS	Nov.		26. DATE 1950
	22c. PHYSICIAN'S NAME (Type)	Dr. Frank	R.L-wis		Willaris,	Frr	yl nd			
230	BURIAL, CREMAT C	N, 236. DATE THEREOF	23c NAME OF	CEMETERY OF	R CREMATORY		10N (City, fawn, c			ate)
	uri 1	Nov.9,19		Cemet	ery - R.D.f	Par	sonsbur;	g(Wan	go) P	id.,
24,	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		2Sa REC'E	BY REGIST	RAR 256, REGIS	STRAR'S SIGN	NATURE	

DATE NOV 9

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S. LISBURY MARYI AND

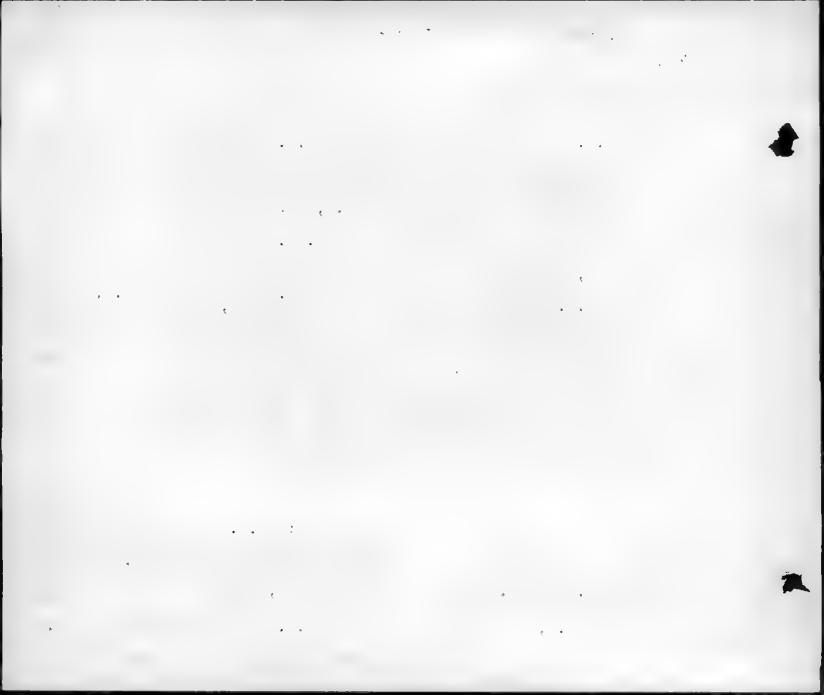
and 2 should be filled with TO HOSPITA RATENDING ELYSICEME: The law requires that the Heath certificate be executed within 24 h may be reflected by the haspital ar attending physician.

TO FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 a the State Board of Health priar to burial, crematally, and remanally, and in any event, within 22 haurs after death.

; death. Page 4

VR A15 (4) 1SM 9/59

2,



CEPTIFICATE OF

DEATH	Reg.	Dist. No.

	15215				ic or burn			Reg. Dist	No.	
1. PLACE OF DEATH G. COUNTY WICOM	ico		MAR	YLAND	2. USUAL RESIDENCE (o. STATE Marylan	-	ed lived. If institute to COUNTY WI COM.	9	e before od	mission)
Salisbur	(If outside corporate lim nearest town)	its, write	c LENGTH OF STAY	IN 1b	Allen.	Foutside corp	orate limits, write F	RURAL and gi	ve neorest t	own)
OR INSTITUTIO	PITAL (If not in hospital, on sant Nursi		dome		d. STREET ADDRESS				01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Essic	nst D	Middle Park		Windsor	4. DATE OF DEATH	Nov.	10	Day	Year 1960
female	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED DIVORCE		DATE OF BIRTH	881	9. AGE (In years last birthday) 79 yrs.		YEAR IF U	NDER 24 HRS.
10a. USUAL OCCUPA during most of w	TION (Give kind of work orking life, even if retired	done 10b.	NONe	OR INDUST	RY 11. BIRTHPLACE (Sio		country)		S.A.	IAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Robert	Parks				Mary	Davis				
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. INF	ormant s Rosa W	indmo	477	en , l	Md.	
Conditions, if gove rise to catse (a), static lying course last	immediate DUE TO	9	energles	jed	arflup.	eleps	40		?	yr.
CAT	other significant con	DITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PART	PEI	AS AUTOPSY REORMED?
OR CONTRIBUTION	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED.	(Enter nature of injury i	n Part I or Pa	rt II of item 18.)			
20c. TIME OF INJ Hour e. n	n. 940	While	NJURY OCCURRED Not while t of work	20e. PLAC facto	E OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (Cit	ly or fown)	(Ce	ounly}	(State)
21. I certify alive an N. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	deceas 19_	1	death o		AM, fra	m the causes of Street, city or town,	and an the		
270. BURIAL, CREMAT REMOVAL (Speci DILLY 18 1	fy)	of -1960	22c. NAME OF CEM		CREMATORY		MION (City, town,	or county)	(5	itote)
23. FUNERAL DIRECTO	OR'S SIGNATURE	er-	ADDRESS Princes		24a. RE	C'D BY REGIS		STRAR'S SIGI		A.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be refused by the hospital at alterding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hayrs-offer death.

VS A1S (4) 15M 9/5S

FOR STATE HEALTH DEPT. TO DEPUT MEDICAL EXAMINER. This certifical should be executed within 24 liours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the takeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within (2 hours after death.

VS. A15ME

5M 7/59

22a. Bu 23.

	Division	of STATISTICAL		CH AND RECO	RDS,	EPARTMENT (301 W. PRESTO CERTIFICA	N STREE	T, BALTIMO	RE 1, MA	RYLANI	198
	PLACE OF DEA			MARYLA		2. USUAL RESIDEN	vland	daceased lived, If i b, COUN			admission)
	write RURAL a	Wicomico N (if outside corporata limend give nearast lown)		in the stay		Allen	(If outside co	porate limits, write	RURAL and gi	ve naerast to	wn)
3		SPUTAL OR INSTITUTION		pilat, give street address	1)	STREET ADDRESS		a Tlans		e. IS I	RESIDENCE A FARM?
	NAME OF SECENTER (Type or print)	nsula Gene		dospital Middle	••	Perry	Smith 4. Date OF DEAT	Month	D.	y Yes	ar .
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		ston DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.
10s do	USUAL OCCUP. To Lor	ATION (Give kind of working life, even If refin	ed)	IND OF BUSINESS OR IN	NOUSTR	Georgia	or foreign c	ountry)	U.S	OF WHAT	COUNTRY?
To.	FATHER'S NAME					14. MOTHER'S MAIDEN	ENAME				-
/		?				7					
	s, no, or unkown]	EVER IN U.S. ARMED FO (If yas give war or datas of	rarvice)	SOCIAL SECURITY NO.	Ja	eksen Wall	ace,	Addrass Allen,			
		adiata cause		Coronary		lusion				INTERVAL BE	DEATH UL'S
CERTIFICATION						OT RELATED TO THE TERM			EN IN PART 1/2	19. WAS PERF	AUTOPSY ORMED? NO
	2Da. EXTERNAL PRIMARY [] or CAUSE OF DEAT	CONTRIBUTING [OB. DESCR			Entar natura of injury In Pa		ot tiam 18-)			
MEDICAL	20c. TIME OF IN Hour a.m	n.	While	Not Whila		CE OF INJURY (Homa, far tory, streat, office bldg., etc		ity or town)	(County)		(Steta)
	21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Enl!	-	Accident [],	Suic	CHIEF MEDICAL M.D. ASSISTANT MEI DEPUTY MEDICA	EXAMINER DICAL EXAMINER at EXAMINER city, town, o	ndetermined m.	11-17:	DATE SE	
	BURIAL, CREMA REMOVAL (Spec UP 1-1		60		rery or	CREMATORY		n. Narvl		(5%	ite)
23	. FUNERAL DIRECT		.Fri	ADDRESS	e,m	NC		TRADE OU SEC			1

WHEN THE RESIDENCE OF THE PARTY THE STATE OF STATE OF STATE AND STATE OF STATE O 31361 int the time the time that felm (ferees) mint 10,11,0000, 1390 30,111 en-fi-it ALCOHOLD STATE OF THE STATE OF